

# City of Waltham

CITY OF WALTHAM  
CITY CLERK'S OFFICE

*Jeannette A. McCarthy*  
Mayor

2024 SEP -3 AM 10: 57

September 3, 2024

RECEIVED

TO: The City Council  
RE: Proposal for Dolan Hall Located at 190 Trapelo Road

Dear Councillors:

Enclosed please find a proposal for Dolan Hall.

I am available to answer any questions you may have regarding this proposal. Thank you.

Sincerely,

Jeannette A. McCarthy  
JAM/sm  
enclosure

# City of Waltham Purchasing Department

## Memorandum

**To:** Mayor Jeannette A. McCarthy  
**From:** Crystal Philpott  
**Date:** 8/27/2024  
**Re:** LEASE Evaluations and Recommendations

RECEIVED  
AUG 27 2024  
Mayor's Office

Madam Mayor,

We received one Proposal for each Lease RFP for the following Buildings: Dolan Hall, North Building and North Nurses Building.

Below are the recommendations made by the Evaluation Committee for the Lease RFP's at 190 Trapelo Rd issued by the City of Waltham:

**DOLAN HALL:**

- CARITAS COMMUNITES for Veterans Housing

**NORTH BUILDING:**

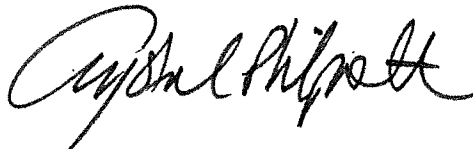
- OPPORTUNITES FOR INCLUSION for Adult Daycare Services

**NORTH NURSES BUILDING:**

- OPPORTUNITES FOR INCLUSION for Housing for disabled adults 22 and over

Attached are the Scores and comments by the Evaluation Committee for each Location.

Thank you,



Crystal Philpott  
Purchasing Agent

Attachments: Scores and Proposals

## **LEASE OF DOLAN HALL – VETERANS SERVICES** (Built 1906 15,252 Sq. Ft.)

### **RESPONSE– CARITAS COMMUNITIES (Score 25 out of 30)**

#### **PROPOSED USE:**

- Great fit for the community providing 28 units for Veteran Housing is much needed.
- Caritas Communities has partnered with many organizations including Clear Path to provide Veteran Services, Launch Foundation and Commodore Builders to assess and renovate the building.
- Goal is to provide stable living environment and support services for Veterans.
- Caritas' recent experience supports this idea referencing the following developments: Midwinter Apartments Quincy, O'Connor Way Boston, 206 West Broadway Boston, One East Lenox Boston.
- Commodore Builders experience in building or renovating 1597 units in the past 10 years. Currently Building the new Veterans Home in Holyoke and working to redevelop the former Streeter and Poland Elementary school into 44 units for homeless and high-risk veterans.
- Commodore has valuable experience with Historic Preservation and adaptive Reuse approach to fulfill the needs of the current facility.
- Commodore is Waltham Based and has completed more than 80 projects within the City.

#### **PROPOSED IMPROVEMENTS:**

- Financial letter of support to secure funds provided by Caritas Communities.
- 15 Year Pro-Forma provided. (should it be 30 year pro forma)
- Offering \$500 per unit per year for Lease Fee, \$14K per year to the City.
- Commodore provided detailed cost estimate and timeline of how long renovations would potentially take for a Building of this size and age. Approx \$10 mil for renovations and 2 year estimated timeline.
- Identified renovations that will preserve the historic significance of the property while providing 28 Units with several offices to provide services for Veterans.

#### **CONCERNS/QUESTIONS:**

- Caritas committing to investing \$1 mil to Renovations with several other grants and contributors identified for assistance – HUD, State, CPA?
- Rent ranges from \$2100-3100 in the 15-year Pro-Forma. How will the rent will be subsidized for the Veterans units.
- Will City supply Security for the Site to ensure safety of residents?
- Roadways and Utilities to the Building will have to be renovated before Building is usable.
- Will Units have Waltham residents priority or a percentage of?
- Will an Environmental Review be needed before renovations?
- Zoning for Section III- Conservation/Recreation does not allow the proposed use.

Project:

Lease of Dolan Hall

Date: 8/26/2024

Reviewer

	J. Millian	B. Bower	J. LaCrosse	Average	Total Score (max 30)
Caritas Communitates	9	10	6	8.3	25.0



Consultant Selection Qualifications - Ranking Form  
City of Waltham -

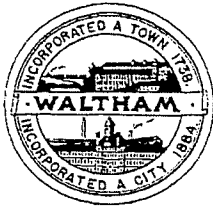
Brian Bower

Project: Lease of Dolan Hall Scorer: 10 Date: 7-15-24

	Caritas Communities			
Proposed Use (33 1/3%)	5			
Proposed Improvements (66 2/3%)	5			
TOTAL SCORE	0	0	0	0

Scoring System: Highly Advantageous  
Advantageous  
Not Advantageous  
Unacceptable

Score all areas from 1 to 5. 5 is high score



Brian Bower  
Waltham Building Department  
Acting Chief Inspector of Buildings

## *CITY OF WALTHAM* MASSACHUSETTS

### **LEASE OF DOLAN HALL**

#### **Proposed lease 5 points**

- Veterans Housing is a great fit for the City of Waltham
- Providing 28 beds for veterans is much needed

#### **Proposed Improvement 5 Points**

- Letter of support from The Life Initiative to secure funds
- I believe Caritas has the means to secure the funds with the partnership with Commodore Builders to get this project completed
- Preserving the historical significance of the building while renovating the interior and parking area

Brian Bower

Consultant Selection Qualifications - Ranking Form  
City of Waltham -

Project: Lease of Dolan Hall Scorer: J Lacrosse Date: 08/12/2024

	Caritas Communities			
Proposed Use (33 1/3%)	3			
Proposed Improvements (66 2/3%)	3			
<b>TOTAL SCORE</b>	0	6	0	0

Scoring System: Highly Advantageous  
Advantageous  
Not Advantageous  
Unacceptable

Score all areas from 1 to 5. 5 is high score

## LEASE OF DOLAN HALL

190 TRAPELO ROAD

BUILT: 1906

NO ASBESTOS

SQ FT: 15,252

GOOD CONDITION

08/12/24

## CARITAS COMMUNITIES:

### 1) Proposed USE

(3)

- \* PROVIDE STABLE LIVING ENVIRONMENT + COMPREHENSIVE SUPPORT SERVICES TO VETERANS IN NEED TO ENSURE THEIR SUCCESSFUL REINTEGRATION INTO THE COMMUNITY
- \* FACILITY WILL OFFER PERMANENT SUPPORTIVE HOUSING EXCLUSIVELY FOR VETERANS
  - CLEAR PATH FOR VETERANS NEW ENGLAND (CP4NE)
  - PROVIDE "WARP AROUND SERVICES" THROUGH THE (SSVF) CONTRACT
    - SERVICES INCLUDE
      - CASE MANAGEMENT, EMPLOYMENT TRAINING, HEALTH CARE REFERRALS, SUBSTANCE ABUSE, FINANCIAL PLANNING, HOUSING PLACEMENT, RENTAL ASSISTANCE, LEGAL SERVICES, DISABILITY FILINGS FOOD SECURITY, WELLNESS PROGRAMS

### Questions

How many Veterans on Avg. get served (weekly, monthly annual) ?

How many units are estimated

What's the avg. duration of stay

IS THIS A 24/HR FACILITY

EXAMPLES OF SUCCESS STORIES

## Proposed Improvements

(3)

- COMMITTED TO PRESERVING HISTORIC NATURE OF THE BUILDING
- RUSH CONSTRUCTION ESTIMATE WAS PROVIDED  
TO HIGHLIGHT ALL ANTICIPATED HARD / SOFT COSTS
- THE GROUP PROVIDED A SCHEDULE (PROPOSED) FOR THE ANTICIPATED WORK
- THE GROUP ALSO PROVIDED AN ILLUSTRATION OF THE FINANCIAL UNDERSTANDING BEING DONE BY GROUP
- A CONCERN FOR THE COSTS BREAKDOWN
  - RELIANCE ON GRANTS / FED + STATE LEVEL
  - MAKES UP 100% OF PROJECT COST
  - CHAIRMAN SEEMS TO BE COMMITTING TO \$950K OF THE \$10MIL (A # BELIEVED LOW)
- HISTORIC SIGNIFIANCE + PROFIT TO PERFORM WHICH IS CONCERNING UN/ NOT TO MENTION THE EXISTING FACTORS THAT COME W/ STATE + FED FUNDING
- A THOROUGH REVIEW OF THEIR FINANCIAL PROJECT BUDGET FOR FUNDING INDICATES LEVELS OF FUNDING FROM
  - HUD FUNDING - COULD CHANGE ISSUES
  - STATE FUNDING - COULD BE DELAYED
  - CPA FUNDING MAY / MAY NOT BE AVAILABLE
- > \$1,000,000 IN CONTRIBUTIONS FROM CHARITY
- REMAINING FUNDING IS GRANTS / CONTRIBUTIONS
- DRAFT ESTIMATE SEEMS LOW

15 Year  
Pro Form

Consultant Selection Qualifications - Ranking Form  
City of Waltham -

Project: Lease of Dolan Hall Scorer: Joe Milliron Date: 8/21/24

	Caritas Communities			
Proposed Use (33 1/3%)	5			
Proposed Improvements (66 2/3%)	4			
<b>TOTAL SCORE</b>	0	0	0	0

Scoring System: Highly Advantageous  
Advantageous  
Not Advantageous  
Unacceptable

Score all areas from 1 to 5. 5 is high score

DOLAN Hall

190 TRAPELO RD

CARITAS

USE

PERMANENT SUPPORTIVE HOUSING FOR THE VETERANS.

THIS LOOKS LIKE A GREAT PROGRAM FOR OUR VET'S, WELL NEEDED.  
THIS HOUSE INITIATIVE AIMS TO PROVIDE A STABLE LIVING ENVIRONMENT.  
SUPPORT SERVICES FOR VETERANS IN NEED.

SERVICES WILL INCLUDE: CASE MANAGEMENT SUPPORT, HEALTHCARE  
REFERRALS, SUBSTANCE ABUSE, HOUSING PLACEMENT, WRITERS  
PROGRAMS, FOOD SECURITY.

BOTH STATE AND FEDERAL CONTRACTS.

PROMOTE COMMUNITY ENGAGEMENT AND VOLUNTARY OPPORTUNITIES.

PROPOSED IMPROVEMENTS.

THEY HAVE A FIFTEEN YEAR PROFFA THAT SEEMS TO LOOK OK.

FINANCING ESTIMATE FROM COMMERCIAL BUILDERS LOOK ALITTLE LOW.

THEY HAVE SOURCES FOR THE DEVELOPMENT COST WANTING  
FROM WALTHAM CPC, 4% LIHTC, CARITAS, REDEVELOPMENT  
LOAN, STATE SOFT LOANS TO FUND THIS PROJECT.

THREE RECENT PROJECTS LOOK TO BE SUCCESSFUL WITH ALL  
THE FUNDING.

City of Waltham  
Waltham, Massachusetts  
Purchasing Department

RECEIVED  
PURCHASING DEPT.

2024 JUL -2 AM 8:24

Crystal Philpott  
Purchasing Agent



610 Main Street  
Waltham, MA 02452  
Tel: 781-314-3244

**TRANSMITTAL / RECORD RECEIPT OF BID**

The bid and/or proposal for the following solicitation:

**Lease of Various Buildings at 190 Trapelo Road – Dolan Hall**

Date of Bid Opening: **Tuesday, July 2<sup>nd</sup>, 2024 at 10:00AM**

Was received by the City of Waltham Purchasing Department on the date and time stamped.

Company: Caritus Comm.

City / Town: Braintree, MA

Crystal Philpott  
Purchasing Agent





Preventing homelessness. Improving lives. One room at a time.

Crystal Philpott  
Purchasing Agent  
City of Waltham  
610 Main Street, Waltham, MA  
(781) 314-3244

RE: Lease of the Dolan Hall and a Portion of Land at the Former Fernald State School, Located at 190 Trapelo Road, Waltham, Massachusetts.

To Ms. Philpott:

Caritas Communities, Inc. (Caritas) formally submits this application for the City of Waltham's Request for Proposals (RFP) regarding the Lease of the Dolan Hall located at 190 Trapelo Road, Waltham, MA.

Caritas and its affiliates certify that the information within this submission is accurate and current. Caritas also acknowledges the addenda (NO. 1, NO. 2, NO. 3, and NO. 4) set forth by the City of Waltham following the initial release of the subject RFP and all such documents have been included herein.

Thank you for your consideration of our proposal and we look forward to your decision on this important project.

Sincerely,

Frank Connell  
Executive Director

**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

**INSTRUCTION SHEET**

**NOTE:** The Division of Capital Asset Management and Maintenance (DCAMM) shall have no responsibility for insuring that the Disclosure Statement has been properly completed as required by law. Acceptance by DCAMM of a Disclosure Statement for filing does not constitute DCAMM's approval of this Disclosure Statement or the information contained therein. Please carefully read M.G.L. c. 7C, s. 38 which is reprinted in Section 8 of this Disclosure Statement.

**Section (1):** Identify the real property, including its street address, and city or town. If there is no street address then identify the property in some other manner such as the nearest cross street and its tax assessors' parcel number.

**Section (2):** Identify the type of transaction to which this Disclosure Statement pertains –such as a sale, purchase, lease, etc.

**Section (3):** Insert the exact legal name of the Public Agency participating in this Transaction with the Disclosing Party. The Public Agency may be a Department of the Commonwealth of Massachusetts, or some other public entity. Please do not abbreviate.

**Section (4):** Insert the exact legal name of the Disclosing Party. Indicate whether the Disclosing Party is an individual, tenants in common, tenants by the entirety, corporation, general partnership, limited partnership, LLC, or other entity. If the Disclosing Party is the trustees of a trust then identify the trustees by name, indicate that they are trustees, and add the name of the trust.

**Section (5):** Indicate the role of the Disclosing Party in the transaction by checking one of the blanks. If the Disclosing Party's role in the transaction is not covered by one of the listed roles then describe the role in words.

**Section (6):** List the names and addresses of every legal entity and every natural person that has or will have a direct or indirect beneficial interest in the real property. The only exceptions are those stated in the first paragraph of the statute that is reprinted in Section 8 of this Disclosure Statement. If the Disclosing Party is another public entity such as a city or town, insert "inhabitants of the (name of public entity)." If the Disclosing Party is a non-profit with no individual persons having any beneficial interest then indicate the purpose or type of the non-profit entity. If additional space is needed, please attach a separate sheet and incorporate it by reference into Section 6.

**Section (7):** Check "NONE" in the box if none of the persons mentioned in Section 6 is employed by DCAMM or an official elected to public office in the Commonwealth of Massachusetts. Otherwise list any parties disclosed in Section 6 that are employees of DCAMM or an official elected to public office.

**Section (8):** The individual signing this statement on behalf of the Disclosing Party acknowledges that he/she has read the included provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts.

**Section (9):** Make sure that this Disclosure Statement is signed by all required parties. If the Disclosing Party is a corporation, please make sure that this Disclosure Statement is signed by a duly authorized officer of the corporation as required by the statute reprinted in Section 8 of this Disclosure Statement.

DCAMM's acceptance of a statement for filing does not signify any opinion by DCAMM that the statement complies with applicable law.

This completed and signed Disclosure Statement should be mailed or otherwise delivered to:

Deputy Commissioner for Real Estate  
Division of Capital Asset Management and Maintenance  
One Ashburton Place, 15<sup>th</sup> Floor, Boston, MA 02108

**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

The undersigned party to a real property transaction with a public agency hereby discloses and certifies, under pains and penalties of perjury, the following information as required by law:

(1) REAL PROPERTY: 190 Trapelo Rd, Waltham, MA

(2) TYPE OF TRANSACTION, AGREEMENT, or DOCUMENT:

Lease

(3) PUBLIC AGENCY PARTICIPATING in TRANSACTION:

City of Waltham

(4) DISCLOSING PARTY'S NAME AND TYPE OF ENTITY:

Caritas Communities, Inc. ; 501(c)3 nonprofit corporation

(5) ROLE OF DISCLOSING PARTY (Check appropriate role):

\_\_\_\_ Lessor/Landlord

☒ Lessee/Tenant

\_\_\_\_ Seller/Grantor

\_\_\_\_ Buyer/Grantee

\_\_\_\_ Other (Please describe): \_\_\_\_\_

(6) The names and addresses of all persons and individuals who have or will have a direct or indirect beneficial interest in the real property excluding only 1) a stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation or 2) an owner of a time share that has an interest in a leasehold condominium meeting all of the conditions specified in M.G.L. c. 7C, s. 38, are hereby disclosed as follows (attach additional pages if necessary):

NAME

Caritas Communities, Inc.

RESIDENCE

501(c)3 nonprofit organization providing  
affordable housing in Massachusetts

(7) None of the above- named persons is an employee of the Division of Capital Asset Management and Maintenance or an official elected to public office in the Commonwealth of Massachusetts, except as listed below (Check "NONE" if NONE):



NONE

NAME:

POSITION:

**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

- (8) The individual signing this statement on behalf of the above-named party acknowledges that he/she has read the following provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts:

*No agreement to rent or to sell real property to or to rent or purchase real property from a public agency, and no renewal or extension of such agreement, shall be valid and no payment shall be made to the lessor or seller of such property unless a statement, signed, under the penalties of perjury, has been filed by the lessor, lessee, seller or purchaser, and in the case of a corporation by a duly authorized officer thereof giving the true names and addresses of all persons who have or will have a direct or indirect beneficial interest in said property with the commissioner of capital asset management and maintenance. The provisions of this section shall not apply to any stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation. In the case of an agreement to rent property from a public agency where the lessee's interest is held by the organization of unit owners of a leasehold condominium created under chapter one hundred and eighty-three A, and time-shares are created in the leasehold condominium under chapter one hundred and eighty-three B, the provisions of this section shall not apply to an owner of a time-share in the leasehold condominium who (i) acquires the time-share on or after a bona fide arms length transfer of such time-share made after the rental agreement with the public agency is executed and (ii) who holds less than three percent of the votes entitled to vote at the annual meeting of such organization of unit owners. A disclosure statement shall also be made in writing, under penalty of perjury, during the term of a rental agreement in case of any change of interest in such property, as provided for above, within thirty days of such change.*

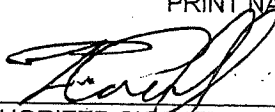
*Any official elected to public office in the commonwealth, or any employee of the division of capital asset management and maintenance disclosing beneficial interest in real property pursuant to this section, shall identify his position as part of the disclosure statement. The commissioner shall notify the state ethics commission of such names, and shall make copies of any and all disclosure statements received available to the state ethics commission upon request.*

*The commissioner shall keep a copy of each disclosure statement received available for public inspection during regular business hours.*

- (9) This Disclosure Statement is hereby signed under penalties of perjury.

Caritas Communities, Inc.

PRINT NAME OF DISCLOSING PARTY (from Section 4, above)



AUTHORIZED SIGNATURE of DISCLOSING PARTY

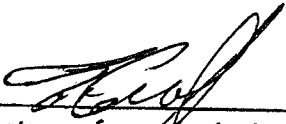
07/01/2024

DATE (MM / DD / YYYY)

Frank Connell, Executive Director  
PRINT NAME & TITLE of AUTHORIZED SIGNER

## CERTIFICATE OF NON-COLLUSION

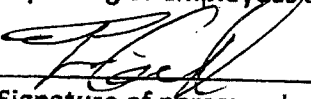
The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals. The undersigned certifies that no representations made by any City officials, employees, entity, or group of individuals other than the Purchasing Agent of the City of Waltham was relied upon in the making of this bid

  
(Signature of person signing bid or proposal) 7/1/2024  
Date

Caritas Communities, Inc.  
(Name of business)

### I. TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. c. 62C, & 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

  
Signature of person submitting bid or proposal 7/1/2024  
Date

Caritas Communities, Inc.  
Name of business

#### NOTE

Failure to submit any of the required documents in this or in other sections with your bid response package will be cause for the disqualification of your company.

### CORPORATION IDENTIFICATION

The bidder for the information of the Awarding Authority furnishes the following information.  
If a Corporation:

Incorporated in what state Massachusetts

President Frank Connell

Treasurer Greg Rittchen

Secretary Kevin O'Flaherty, Esq.

Federal ID Number 04-2875899 (Required)

If a foreign (out of State) Corporation – Are you registered to do business in Massachusetts? Yes

No

If you are selected for this work you are required under M.G.L.ch. 30S, 39L to obtain from the Secretary of State, Foreign Corp. Section, State House, Boston, a certificate stating that you Corporation is registered, and furnish said certificate to the Awarding Authority prior to the award.

If a Partnership: (Name all partners)

Name of partner \_\_\_\_\_

Residence \_\_\_\_\_

Name of partner \_\_\_\_\_

Residence \_\_\_\_\_

If an Individual:

Name \_\_\_\_\_

Residence \_\_\_\_\_

If an Individual doing business under a firm name:

Name of Firm Caritas Communities, Inc.

Name of Individual Frank Connell

Business Address 25 Bramtree Hill Office Park, Braintree, MA 02184

Residence 501(c)3 NPO providing affordable housing in Massachusetts

Date 7/1/2024

Frank Connell on behalf of Caritas Communities, Inc.

Name of Bidder

By [Signature]

Signature

Executive Director

Title

25 Bramtree Hill Office Park, Ste: 206

Business Address (POST OFFICE BOX NUMBER NOT ACCEPTABLE)

Braintree, MA 02184

City State

(781) 843-1242

Telephone Number,

7/1/2024

Date

NOTE (1): This proposal must bear the written signature of the bidder. If the bidder is a partnership, a partner must sign the proposal. If the bidder is a corporation, a duly authorized officer or agent of such corporation must sign the proposal.  
NOTE (2): Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.

## DEBARMENT CERTIFICATION

In connection with this bid and all procurement transactions, by signature thereon, the respondent certifies that neither the company nor its principals are suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts, procurement or non procurement programs from the Commonwealth of Massachusetts, the US Federal Government and/or the City of Waltham. "Principals" means officers, directors, owners, partners and persons having primary interest, management or supervisory responsibilities with the business entity. Vendors shall provide immediate written notification to the Purchasing Agent of the City of Waltham at any time during the period of the contract of prior to the contract award if the vendor learns of any changed condition with regards to the debarment of the company or its officers. This certification is a material representation of fact upon which reliance will be placed when making the business award. If at any time it is determined that the vendor knowingly misrepresented this certification, in addition to other legal remedies available to the City of Waltham, the contract will be cancelled and the award revoked.

Company Name Caritas Communities, Inc.

Address 25 Braintree Hill Office Park, Ste. 206

City Braintree, State MA, Zip Code 02184

Phone Number (781) 843-1242

E-Mail Address info@caritascommunities.org

Signed by Authorized Company Representative:



Print name Frank Connell, Executive Director

Date 7/1/2024



Preventing homelessness. Improving lives. One room at a time.

Crystal Philpott  
Purchasing Agent  
City of Waltham  
610 Main Street, Waltham, MA  
(781) 314-3244

To Ms. Philpott:

Regarding the lease of Dolan Hall, the Lessee (an affiliate of Caritas Communities, Inc.) shall be responsible for maintaining its own insurance covering any personal property located on or in the rental property during the Lease term and the Lessee shall indemnify and hold the City harmless from any claims for damages or loss relating to any such personal property.

Sincerely,

Frank Connell  
Executive Director

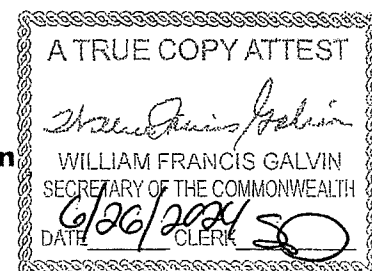


**The Commonwealth of Massachusetts, William Francis Galvin**  
**Corporations Division**

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

**Annual Report**

(General Laws, Chapter 180)



Filing Fee: \$15.00

Identification Number:	042875899																		
Filing for November 1, 2023																			
In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:																			
1. Exact name of the corporation:	CARITAS COMMUNITIES INC.																		
2. Location of its principal office:	<div>Number and street: 25 BRAINTREE HILL OFFICE PARK, STE 206</div> <div>Address 2:</div> <div>City or town: BRAINTREE State: MA Zip code: 02184</div>																		
3. Date of the last annual meeting:																			
4. State the names and street addresses of all officers, including all the directors of the corporation,	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Title</th> <th style="width: 30%;">Individual Name</th> <th style="width: 40%;">Address</th> <th style="width: 15%;">Term expires</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>FRANCIS BARTHOLOMEW CONNELL</td> <td>25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA</td> <td>12-31-2023</td> </tr> <tr> <td>TREASURER</td> <td>ROBERT MAULDEN</td> <td>197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA 197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA</td> <td>12-31-2024</td> </tr> <tr> <td>CLERK</td> <td>KEVIN O'FLAHERTY</td> <td>400 ATLANTIC AVENUE BOSTON, MA 02110-3333 USA 400 ATLANTIC AVENUE BOSTON,</td> <td>12-31-2025</td> </tr> </tbody> </table>			Title	Individual Name	Address	Term expires	PRESIDENT	FRANCIS BARTHOLOMEW CONNELL	25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA	12-31-2023	TREASURER	ROBERT MAULDEN	197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA 197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA	12-31-2024	CLERK	KEVIN O'FLAHERTY	400 ATLANTIC AVENUE BOSTON, MA 02110-3333 USA 400 ATLANTIC AVENUE BOSTON,	12-31-2025
Title	Individual Name	Address	Term expires																
PRESIDENT	FRANCIS BARTHOLOMEW CONNELL	25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA	12-31-2023																
TREASURER	ROBERT MAULDEN	197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA 197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA	12-31-2024																
CLERK	KEVIN O'FLAHERTY	400 ATLANTIC AVENUE BOSTON, MA 02110-3333 USA 400 ATLANTIC AVENUE BOSTON,	12-31-2025																

MA 02110-3333 USA			
CHAIR	ROBERLYNE CHERFILS	1110 WINDSOR WOODS LANE CANTON, MA 02021 USA 1110 WINDSOR WOODS LANE CANTON, MA 02021 USA	12-31-2024
VICE CHAIR	MAURA E. MURPHY	160 FEDERAL STREET BOSTON, MA 02110 USA 160 FEDERAL STREET BOSTON, MA 02110 USA	12-31-2023
DIRECTOR	DHARSHI DUPREE	PO BOX 284 STRAFFORD, NH 03884 USA PO BOX 284 STRAFFORD, NH 03884 USA	12-31-2025
DIRECTOR	KEITA BROWNE	450 WATER STREET CAMBRIDGE, MA 02141 USA 450 WATER STREET CAMBRIDGE, MA 02141 USA	12-31-2025
DIRECTOR	KATIE CATLENDER	81 WYMAN STREET WALTHAM, MA 02451 USA 81 WYMAN STREET WALTHAM, MA 02451 USA	12-31-2024
DIRECTOR	TOM PALMER	48 TEMPLE ST NATICK, MA 01760- 4424 USA 48 TEMPLE ST NATICK, MA 01760- 4424 USA	12-31-2024
DIRECTOR	OLIVIA GOUGH	1265 BELMONT STREET, BCK202 BROCKTON, MA 02301 USA	12-31-2023
DIRECTOR	R. DUANE CLARK II	38 CHESTERTON RD WELLESLEY, MA 02481-1106 USA 38 CHESTERTON RD WELLESLEY, MA 02481-1106 USA	12-31-2025
DIRECTOR	DAVID GREENBLATT	TWO CENTER PLAZA,SUITE 700 BOSTON, MA 02108 USA TWO CENTER PLAZA,SUITE 700 BOSTON, MA 02108 USA	12-31-2025
DIRECTOR	TIM CORCORAN	100 GRANDVIEW ROAD, SUITE 203 BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	YASMINE BOUHRARA	63 MELCHER STREET, APT 206 BOSTON, MA 02210 USA 63 MELCHER STREET, APT 206 BOSTON, MA 02210 USA	12-31-2024
DIRECTOR	WILLIAM CHURCHILL	6 HORSES CORSSING LINCOLN, MA 01773 USA 6 HORSES CORSSING LINCOLN, MA 01773 USA	12-31-2023
DIRECTOR	WILLIAM MCLAUGHLIN	117 HAMMOND STREET NEWTON, MA 02467 USA	12-31-2023

5. Check if the corporation is a cemetery corporation that does NOT hold perpetual care funds in trust. If the corporation is a cemetery corporation that holds perpetual care funds in trust, a copy of the written instrument establishing the trust and any amendments thereto must be attached, and the annual report must be filed by facsimile, mail or in person.



Signed by FRANCIS BARTHOLOMEW CONNELL , its PRESIDENT

on this 14 Day of July, 2023

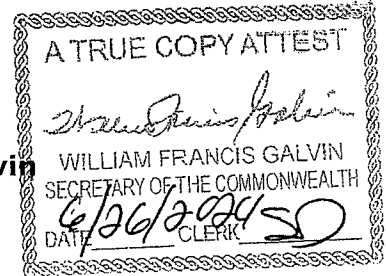
# The Commonwealth of Massachusetts, William Francis Galvin Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

## Certificate of Change of Directors or Officers

(General Laws, Chapter 180, Section 6D)

No Fee



Identification Number: 042875899

I,  
KEVIN O'FLAHERTY, Clerk

of CARITAS COMMUNITIES INC.

certify that pursuant to General Laws, Chapter 180, Section 6D, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential street address, and expiration of term of the president, treasurer, clerk and each director are as follows:

Title	Individual Name	Address	Term expires
PRESIDENT	FRANCIS BARTHOLOMEW CONNELL	25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA	12-31-2023
TREASURER	GREG RITTCHEN	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
CLERK	KEVIN O'FLAHERTY	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
CHAIR	ROBERLYNE CHERFILS	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024
VICE CHAIR	MAURA E. MURPHY	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	DHARSHI DUPREE	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	WILLIAM MCLAUGHLIN	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	MARIE MORREALE	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025

DIRECTOR	JAMES J. SYZMANSKI	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	KEITA BROWNE	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	KATIE CATLENDER	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024
DIRECTOR	TOM PALMER	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024
DIRECTOR	OLIVIA GOUGH	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
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DIRECTOR	DAVID GREENBLATT	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	TIM CORCORAN	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	YASMINE BOUHRARA	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024

SIGNED UNDER THE PENALTIES OF PERJURY, this 20 Day of May, 2024,

KEVIN O'FLAHERTY

, Signature of Clerk/Assistant Clerk



Preventing homelessness. Improving lives. One room at a time.

Crystal Philpott  
Purchasing Agent  
City of Waltham  
610 Main Street, Waltham, MA  
(781) 314-3244

RE: Lease of the Dolan Hall and a Portion of Land at the Former Fernald State School, Located at 190 Trapelo Road, Waltham, Massachusetts.

To Ms. Philpott:

Caritas Communities, Inc. (Caritas) formally submits this application for the City of Waltham's Request for Proposals (RFP) regarding the Lease of the Dolan Hall located at 190 Trapelo Road, Waltham, MA.

Caritas and its affiliates certify that the information within this submission is accurate and current. Caritas also acknowledges the addenda (NO. 1, NO. 2, NO. 3, and NO. 4) set forth by the City of Waltham following the initial release of the subject RFP and all such documents have been included herein.

Thank you for your consideration of our proposal and we look forward to your decision on this important project.

Sincerely,

Frank Connell  
Executive Director

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**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

**INSTRUCTION SHEET**

**NOTE:** The Division of Capital Asset Management and Maintenance (DCAMM) shall have no responsibility for insuring that the Disclosure Statement has been properly completed as required by law. Acceptance by DCAMM of a Disclosure Statement for filing does not constitute DCAMM's approval of this Disclosure Statement or the information contained therein. Please carefully read M.G.L. c. 7C, s. 38 which is reprinted in Section 8 of this Disclosure Statement.

**Section (1):** Identify the real property, including its street address, and city or town. If there is no street address then identify the property in some other manner such as the nearest cross street and its tax assessors' parcel number.

**Section (2):** Identify the type of transaction to which this Disclosure Statement pertains —such as a sale, purchase, lease, etc.

**Section (3):** Insert the exact legal name of the Public Agency participating in this Transaction with the Disclosing Party. The Public Agency may be a Department of the Commonwealth of Massachusetts, or some other public entity. Please do not abbreviate.

**Section (4):** Insert the exact legal name of the Disclosing Party. Indicate whether the Disclosing Party is an individual, tenants in common, tenants by the entirety, corporation, general partnership, limited partnership, LLC, or other entity. If the Disclosing Party is the trustees of a trust then identify the trustees by name, indicate that they are trustees, and add the name of the trust.

**Section (5):** Indicate the role of the Disclosing Party in the transaction by checking one of the blanks. If the Disclosing Party's role in the transaction is not covered by one of the listed roles then describe the role in words.

**Section (6):** List the names and addresses of every legal entity and every natural person that has or will have a direct or indirect beneficial interest in the real property. The only exceptions are those stated in the first paragraph of the statute that is reprinted in Section 8 of this Disclosure Statement. If the Disclosing Party is another public entity such as a city or town, insert "inhabitants of the (name of public entity)." If the Disclosing Party is a non-profit with no individual persons having any beneficial interest then indicate the purpose or type of the non-profit entity. If additional space is needed, please attach a separate sheet and incorporate it by reference into Section 6.

**Section (7):** Check "NONE" in the box if none of the persons mentioned in Section 6 is employed by DCAMM or an official elected to public office in the Commonwealth of Massachusetts. Otherwise list any parties disclosed in Section 6 that are employees of DCAMM or an official elected to public office.

**Section (8):** The individual signing this statement on behalf of the Disclosing Party acknowledges that he/she has read the included provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts.

**Section (9):** Make sure that this Disclosure Statement is signed by all required parties. If the Disclosing Party is a corporation, please make sure that this Disclosure Statement is signed by a duly authorized officer of the corporation as required by the statute reprinted in Section 8 of this Disclosure Statement.

DCAMM's acceptance of a statement for filing does not signify any opinion by DCAMM that the statement complies with applicable law.

This completed and signed Disclosure Statement should be mailed or otherwise delivered to:

Deputy Commissioner for Real Estate  
Division of Capital Asset Management and Maintenance  
One Ashburton Place, 15<sup>th</sup> Floor, Boston, MA 02108



**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

The undersigned party to a real property transaction with a public agency hereby discloses and certifies, under pains and penalties of perjury, the following information as required by law:

- (1) REAL PROPERTY: 190 Trapelo Rd, Waltham, MA
- (2) TYPE OF TRANSACTION, AGREEMENT, or DOCUMENT:  
Lease
- (3) PUBLIC AGENCY PARTICIPATING in TRANSACTION:  
City of Waltham
- (4) DISCLOSING PARTY'S NAME AND TYPE OF ENTITY:  
Caritas Communities, Inc. ; 501(c)3 nonprofit corporation
- (5) ROLE OF DISCLOSING PARTY (Check appropriate role):  

<input type="checkbox"/> Lessor/Landlord	<input checked="" type="checkbox"/> Lessee/Tenant
<input type="checkbox"/> Seller/Grantor	<input type="checkbox"/> Buyer/Grantee
<input type="checkbox"/> Other (Please describe): _____	

- (6) The names and addresses of all persons and individuals who have or will have a direct or indirect beneficial interest in the real property excluding only 1) a stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation or 2) an owner of a time share that has an interest in a leasehold condominium meeting all of the conditions specified in M.G.L. c. 7C, s. 38, are hereby disclosed as follows (attach additional pages if necessary):

NAME

Caritas Communities, Inc.

RESIDENCE

501(c)3 nonprofit organization providing  
affordable housing in Massachusetts

- (7) None of the above- named persons is an employee of the Division of Capital Asset Management and Maintenance or an official elected to public office in the Commonwealth of Massachusetts, except as listed below (Check "NONE" if NONE):

☒ NONE

NAME:

POSITION:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DISCLOSURE STATEMENT FOR  
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY  
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

- (8) The individual signing this statement on behalf of the above-named party acknowledges that he/she has read the following provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts:

*No agreement to rent or to sell real property to or to rent or purchase real property from a public agency, and no renewal or extension of such agreement, shall be valid and no payment shall be made to the lessor or seller of such property unless a statement, signed, under the penalties of perjury, has been filed by the lessor, lessee, seller or purchaser, and in the case of a corporation by a duly authorized officer thereof giving the true names and addresses of all persons who have or will have a direct or indirect beneficial interest in said property with the commissioner of capital asset management and maintenance. The provisions of this section shall not apply to any stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation. In the case of an agreement to rent property from a public agency where the lessee's interest is held by the organization of unit owners of a leasehold condominium created under chapter one hundred and eighty-three A, and time-shares are created in the leasehold condominium under chapter one hundred and eighty-three B, the provisions of this section shall not apply to an owner of a time-share in the leasehold condominium who (i) acquires the time-share on or after a bona fide arms length transfer of such time-share made after the rental agreement with the public agency is executed and (ii) who holds less than three percent of the votes entitled to vote at the annual meeting of such organization of unit owners. A disclosure statement shall also be made in writing, under penalty of perjury, during the term of a rental agreement in case of any change of interest in such property, as provided for above, within thirty days of such change.*

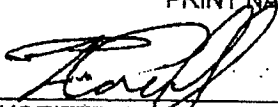
*Any official elected to public office in the commonwealth, or any employee of the division of capital asset management and maintenance disclosing beneficial interest in real property pursuant to this section, shall identify his position as part of the disclosure statement. The commissioner shall notify the state ethics commission of such names, and shall make copies of any and all disclosure statements received available to the state ethics commission upon request.*

*The commissioner shall keep a copy of each disclosure statement received available for public inspection during regular business hours.*

- (9) This Disclosure Statement is hereby signed under penalties of perjury.

Caritas Communities, Inc.

PRINT NAME OF DISCLOSING PARTY (from Section 4, above)



AUTHORIZED SIGNATURE of DISCLOSING PARTY

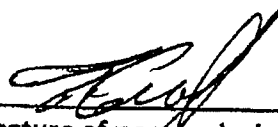
07/01/2024

DATE (MM / DD / YYYY)

Frank Connell, Executive Director  
PRINT NAME & TITLE of AUTHORIZED SIGNER

## CERTIFICATE OF NON-COLLUSION

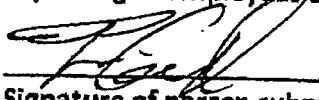
The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals. The undersigned certifies that no representations made by any City officials, employees, entity, or group of individuals other than the Purchasing Agent of the City of Waltham was relied upon in the making of this bid

  
(Signature of person signing bid or proposal) 7/1/2024  
Date

Caritas Communities, Inc.  
(Name of business)

### I. TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. c. 62C, & 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

  
Signature of person submitting bid or proposal 7/1/2024  
Date

Caritas Communities, Inc.  
Name of business

#### NOTE

Failure to submit any of the required documents in this or in other sections with your bid response package will be cause for the disqualification of your company.

Examiner

# The Commonwealth of Massachusetts

Office of the Secretary of State  
One Ashburton Place, Boston, MA 02108  
Michael Joseph Connolly, Secretary

## ARTICLES OF ORGANIZATION

(Under G.L. Ch. 180)

Incorporators

## NAME

## RESIDENCE

*Include given name in full in case of natural persons; in case of a corporation, give state of incorporation.*

Rev. William R. McCarthy	21 Gay Street,	Quincy, Ma.
Stephen J. Casey	10 Van Ness Road	Belmont, Ma.
Peter F. O'Connell	40 Hatherly Road	Quincy, Ma.
P. Leo Corcoran	30 Highland Lane	Milton; Ma.
Paul R. McGrath	Box 311, Cornwall Hill Rd.	Marshfield, Ma.
Richard E. Ring	18 Cliff Road	Milton, Ma.

112661

The above-named incorporator(s) do hereby associate (themselves) with the intention of forming a corporation under the provisions of General Laws, Chapter 180 and hereby state(s):

1. The name by which the corporation shall be known is:

CARITAS COMMUNITIES INC.

2. The purposes for which the corporation is formed is as follows:

To acquire and develop housing and to provide other social services to benefit low income members of society, without pecuniary gain or profit incidental or otherwise to its members.

85 066053

P

M

R.A.



Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on separate 8 1/2 x 11 sheets of paper leaving a left hand margin of at least 1 inch for binding. Additions to more than one article may be continued on a single sheet so long as each article requiring each such addition is clearly indicated.

3. If the corporation has more than one class of members; the designation of such classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, are as follows: -

One class only.

- \*4. Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:-

See attached document. 4A, 4B, 4C, 4D.

4A

4. The corporation shall have the following powers in furtherance of its corporate purposes:

(a) The corporation shall have perpetual succession in its corporate name.

(b) The corporation may sue and be sued.

(c) The corporation may have a corporate seal which it may alter at pleasure.

(d) The corporation may elect or appoint directors, officers, employees and other agents, fix their compensation and define their duties and obligations.

(e) The corporation may purchase, receive or take by grant, gift, devise, bequest or otherwise, lease, or otherwise acquire, own, hold, improve, employ, use and otherwise deal in and with, real or personal property, or any interest therein, wherever situated, in an unlimited amount.

(f) The corporation may solicit and receive contributions from any and all sources and may receive and hold, in trust or otherwise, funds received by gift or bequest.

(g) The corporation may sell, convey, lease, exchange, transfer or otherwise dispose of, or mortgage, pledge, encumber or create a security interest in, all or any of its property, or any interest therein, wherever situated.

(h) The corporation may purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, employ, sell, lend, lease, exchange, transfer, or otherwise dispose of, mortgage, pledge, use and otherwise deal in and with, bonds and other obligations, shares, or other securities or interests issued by others, whether engaged in similar or different business, governmental, or other activities.

(i) The corporation may make contracts, give guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds and other obligations, and secure any of its obligations by mortgage, pledge or encumbrance of, or security interest in, all or any of its property or any interest therein, wherever situated.

(j) The corporation may lend money, invest and reinvest its funds, and take and hold real and personal property as security for the payment of funds so loaned or invested.

(k) The corporation may do business, carry on its operations, and have offices and exercise the powers granted by Massachusetts General Laws, Chapter 180, in any jurisdiction within or without the United States, although the corporation shall not be operated for the primary purpose of carrying on for profit a trade or business unrelated to its tax exempt purposes.

(l) The corporation may pay pensions, establish and carry out

4B

pensions, savings, thrift and other retirement and benefit plans, trusts and provisions for any or all of its directors, officers and employees.

(m) The corporation may make donations in such amounts as the members or directors shall determine, irrespective of corporate benefit, for the public welfare or for community fund, hospital, charitable, religious, educational, scientific, civic, or similar purposes, and in time of war or other national emergency in aid thereof; provided that, as long as the corporation is entitled to exemption from federal income tax under Section 501(c) (3) of the Internal Revenue Code, it shall make no contribution for other than religious, charitable, scientific, testing for public safety, literary or educational purposes or for the prevention of cruelty to children or animals.

(n) The corporation may be an incorporator of other corporations of any type or kind.

(o) The corporation may be a partner in any business enterprise which it would have power to conduct by itself.

(p) The directors may make, amend or repeal the by-laws in whole or in part, except with respect to any provision thereof which by law or the by-laws requires action by the members.

(q) Meetings of the members may be held anywhere in the United States.

(r) The corporation shall, to the extent legally permissible and only to the extent that the status of the corporation as an organization exempt under Section 501(c)(3) of the Internal Revenue Code is not affected thereby, indemnify each of its directors, officers, employees and other agents (including persons who serve at its request as directors, officers, employees or other agents of another organization in which it has an interest) against all liabilities and expenses, including amounts paid in satisfaction of judgments, in compromise or as fines and penalties, and counsel fees, reasonably incurred by him in connection with the defense or disposition of any action, suit or other proceeding, whether civil or criminal, in which he may be involved or with which he may be threatened, while in office or thereafter, by reason of his being or having been such a director, officer, employee or agent, except with respect to any matter as to which he shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his action was in the best interests of the corporation; provided, however, that as to any matter disposed of by a compromise payment by such director, officer, employee or agent, pursuant to a consent decree or otherwise, no indemnification either for said payment or for any other expenses shall be provided unless such compromise shall be approved as in the best interests of the corporation, after notice that it involves such indemnification: (a) by a disinterested majority of the directors then in office; or (b) by a majority of the disinterested directors then in office, provided that there has been obtained an opinion in writing of independent legal counsel to the effect that such director, officer, employee or agent appears to have acted in good faith in the reasonable belief that his action was in the best interests of the corporation; or (c) by a majority of the disinterested members entitled to vote, voting as a single class. Expenses including counsel fees, reasonably incurred

4C

by any such director, officer, employee or agent in connection with the defense or disposition of any such action, suit or other proceeding, may be paid from time to time by the corporation in advance of the final disposition thereof upon receipt of an undertaking by such individual to repay the amounts so paid to the corporation if he shall be adjudicated to be not entitled to indemnification under Massachusetts General Laws, Chapter 180, Section 6. The right of indemnification hereby provided shall not be exclusive of or affect any other rights to which any director, officer, employee or agent may be entitled. Nothing contained herein shall affect any rights to indemnification to which corporate personnel may be entitled by contract or otherwise under law. As used in this paragraph, the terms "directors," "officers," "employees" and "agents" include their respective heirs, executors and administrators, and an "interested" director is one against whom in such capacity the proceeding in question or another proceeding on the same or similar grounds is then pending.

(s) No person shall be disqualified from holding any office by reason of any interest. In the absence of fraud, any director, officer, or member of this corporation individually, or any individual having any interest in any concern in which any such directors, officers, members, or individuals have any interest, may be a party to, or may be pecuniarily or otherwise interested in, any contract, transaction, or other act of this corporation, and

(1) such contract, transaction, or act shall not be in any way invalidated or otherwise affected by that fact;

(2) no such director, officer, member, or individual shall be liable to account to this corporation for any profit or benefit realized through any such contract, transaction, or act; and

(3) any such director of this corporation may be counted in determining the existence of a quorum at any meeting of the directors or of any committee thereof which shall authorize any such contract, transaction, or act, and may vote to authorize the same;

The term "interest" including personal interest and interest as a director, officer, stockholder, shareholder, trustee, member or beneficiary of any concern; the term "concern" meaning any corporation, association, trust, partnership, firm, person, or other entity other than this corporation.

(t) No part of the assets of the corporation and no part of any net earnings of the corporation shall be divided among or inure to the benefit of any officer or director of the corporation or any private individual or be appropriated for any purposes other than the purposes of the corporation as herein set forth; and no substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation except to the extent that the corporation makes expenditures for purposes of influencing legislation in conformity with the requirements of Section 501(h) of the Internal Revenue Code; and the corporation shall not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office. It is intended



4D  
that the corporation shall be entitled to exemption from federal income tax under Section 501(c) (3) of the Internal Revenue Code and shall not be a private foundation under Section 509(a) of the Internal Revenue Code.

(u) Upon the liquidation or dissolution of the corporation, after payment of all of the liabilities of the corporation or due provision therefor, all of the assets of the corporation shall be disposed of to one or more organizations exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code.

(v) In the event that the corporation is a private foundation as that term is defined in Section 509 of the Internal Revenue Code, then notwithstanding any other provisions of the articles of organization or the by-laws of the corporation, the following provisions shall apply:

The directors shall distribute the income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Internal Revenue Code.

The directors shall not engage in any act of self dealing as defined in Section 4941(d) of the Internal Revenue Code; nor retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code; nor make any investments in such manner as to incur tax liability under Section 4944 of the Internal Revenue Code; nor make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code.

(w) The corporation shall have and may exercise all powers necessary or convenient to effect any or all of the purposes for which the corporation is formed; provided that no such power shall be exercised in a manner inconsistent with Massachusetts General Laws, Chapter 180 or any other chapter of the General Laws of the Commonwealth of Massachusetts; and provided, further, that the corporation shall not engage in any activity or exercise any power which would deprive it of any exemption from federal income tax which the corporation may receive under Section 501(c) (3) of the Internal Revenue Code.

(x) All references herein: (i) to the Internal Revenue Code shall be deemed to refer to the Internal Revenue Code of 1954, as now in force or hereafter amended; (ii) to the General Laws of the Commonwealth of Massachusetts, or any chapter thereof, shall be deemed to refer to said General Laws or chapter as now in force or hereafter amended and (iii) to particular sections of the Internal Revenue Code or the General Laws of the Commonwealth of Massachusetts shall be deemed to refer to similar or successor provisions hereafter adopted.

5. By-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers whose names are set out below, have been duly elected.
6. The effective date of organization of the corporation shall be the date of filing with the Secretary of the Commonwealth or if later date is desired, specify date, (not more than 30 days after date of filing).
7. The following information shall not for any purpose be treated as a permanent part of the Articles of Organization of the corporation.
  - a. The post office address of the initial principal office of the corporation in Massachusetts is:  
 Caritas Communities  
 c/o St. Johns Rectory  
 21 Gay Street  
 Quincy, MA 0216A
  - b. The name, residence, and post office address of each of the initial directors and following officers of the corporation are as follows:

NAME	RESIDENCE (SEE INCORPORATORS)	POST OFFICE ADDRESS
President: P. Leo Corcoran	Milton, MA	500 Granite Avenue E. Milton, MA
Treasurer: Rev. William McCarthy	Quincy, MA	21 Gay Street Quincy, MA
Clerk: Paul McGrath	Marshfield, MA	500 Granite Avenue E. Milton, MA

Directors: (or officers having the powers of directors)

All persons designated as incorporators under Section 1 herein. Said number includes the three officers listed immediately above and:

Stephen J. Casey, ~~488 Commonwealth Ave.~~ <sup>HC</sup> Boston, Ma.  
 Peter F. O'Connell, ~~1 Heritage Drive,~~ No. Quincy, Ma.  
 Richard E. Ring, ~~8 Pine St.,~~ <sup>HC</sup> Boston, Ma.

- c. The date initially adopted on which the corporation's fiscal year ends is:  
 12/31
- d. The date initially fixed in the by-laws for the annual meeting of members of the corporation is:  
~~Period between October 1 and December 31 each year, beginning with 1985.~~  
*First Monday in November*
- e. The name and business address of the resident agent, if any, of the corporation is:  
 Paul R. McGrath, 500 Granite Avenue, E. Milton, MA 02186

IN WITNESS WHEREOF, and under the penalties of perjury the INCORPORATOR(S) sign(s) these Articles of Organization this fifth day of March 1985

I/We the below signed INCORPORATORS do hereby certify under the pains and penalties of perjury that I/We have not been convicted of any crimes relating to alcohol or gaming within the past ten years; I/We do hereby further certify that to the best of my/our knowledge the above named principal officers have not been similarly convicted. If so convicted, explain.

*Rev. William P. McCarthy*  
*Peter F. O'Connell*  
*Paul R. McGrath*  
*Stephen J. Casey*  
*Richard E. Ring*  
*P. Leo Corcoran*

The signature of each incorporator which is not a natural person must be by an individual who shall show the capacity in which he acts and by signing shall represent under the penalties of perjury that he is duly authorized on its behalf to sign these Articles of Organization.

27985

RECEIVED

MAR - 7 1985

THE COMMONWEALTH OF MASSACHUSETTS

SECRETARY OF STATE  
CORPORATION DIVISION

ARTICLES OF ORGANIZATION  
GENERAL LAWS, CHAPTER 180

I hereby certify that, upon an examination of the within-written articles of organization, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$30.00 having been paid, said articles are deemed to have been filed with me this 7th day of March 1985

Effective date

*Michael Joseph Connolly*

MICHAEL JOSEPH CONNOLLY

Secretary of State

TO BE FILLED IN BY CORPORATION  
PHOTO COPY OF ARTICLES OF ORGANIZATION TO BE SENT

TO:

.....Leo J. Corcoran.....

.....Harrington Law Offices.....

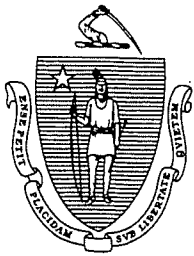
.....1197 Adams Street, Dorchester, MA.....

Telephone.....(617) 296-1300.....

Filing Fee \$30.00

Copy Mailed

APR 9 1985



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

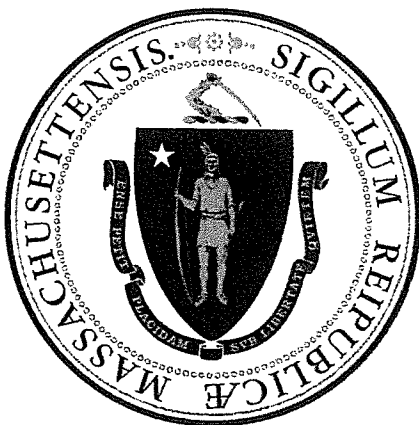
Date: February 20, 2024

To Whom It May Concern :

I hereby certify that according to the records of this office,  
**CARITAS COMMUNITIES INC.**

is a domestic corporation organized on **March 07, 1985**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 24020314390

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

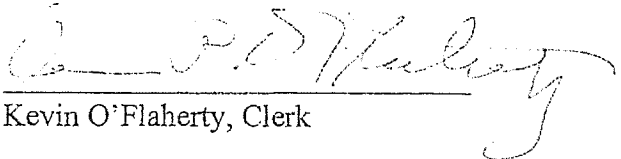
Processed by:

CARITAS COMMUNITIES, INC.

CLERK'S CERTIFICATE

The undersigned, being the duly elected, authorized and acting Clerk of Caritas Communities, Inc., a Massachusetts nonprofit corporation (the "Corporation"), hereby certifies that, at a meeting duly called and held on June 20, 2024 at which a quorum of the Directors was present and voting throughout, the Board of Directors of the Corporation unanimously voted to authorize the Corporation to submit a response to the City of Waltham Request for Proposals for the Lease of the Dolan Hall and a Portion of Land at the Former Fernald State School, Located at 190 Trapelo Road, Waltham, Massachusetts. I further certify that such resolution has not been modified or rescinded and is in full force and effect as of the date hereof.

Executed as of the 27<sup>th</sup> day of June, 2024.

  
Kevin O'Flaherty, Clerk

### **Statement of Intended Use of the Leased Premises**

The leased premises will be utilized as permanent supportive housing for Veterans, leveraging HUD-VASH (U.S. Department of Housing and Urban Development - Veterans Affairs Supportive Housing) vouchers. This housing initiative aims to provide a stable living environment and comprehensive support services to Veterans in need, ensuring their successful reintegration into the community. Our project will request that a portion of the units be designated as project-based units and will seek allocation of vouchers for mobile use.

### **Preservation of Historic Nature**

We are committed to preserving the historic nature of the building. This will involve maintaining the architectural integrity and historical significance of the structure while adapting it for modern use. Any renovations or modifications will be carefully planned and executed to ensure they are in line with historical preservation standards. By doing so, we aim to honor the building's heritage while providing essential services to Veterans.

### **Veterans Housing and Services**

The facility will offer permanent supportive housing exclusively for Veterans. The project will be supported by Clear Path for Veterans New England's (CP4VNE) Case Management team and will include wrap-around services provided through CP4VNE's Supportive Services for Veterans Families (SSVF) contract. These services will include:

- Case management and support
- Employment and job training assistance
- Health care referrals and coordination
- Substance abuse counseling
- Financial planning and assistance
- Housing placement and referral
- Rental/utility assistance
- Legal services
- Disability filing and appeals
- Wellness programming
- Food Security

Referrals for the program will be sourced from both state and federal contracts, ensuring a steady and appropriate intake of Veterans in need.

### **Impact on Surrounding Neighborhoods**

The presence of this facility will not harm or derogate the surrounding neighborhoods. On the contrary, it will bring stability and support to a vulnerable population, contributing positively to the community. The facility will adhere to all local health and safety regulations, ensuring a safe and secure environment for residents and neighbors alike. Our goal is to foster a harmonious relationship with the surrounding community, preserving the facility and its surroundings while enhancing the overall quality of life.

### **Community Integration and Support**

We recognize the importance of community integration and will actively engage with local stakeholders to address any concerns and build strong relationships. By doing so, we aim to

create a supportive and inclusive environment that benefits both Veterans and the wider community. The project will:

- Promote community engagement and volunteer opportunities
- Host events and activities that encourage interaction between residents and neighbors
- Work closely with local organizations and service providers to enhance the support network for Veterans

### **Conclusion**

In summary, the intended use of the leased premises as permanent supportive housing for Veterans is designed to preserve the historic nature of the building, provide essential housing and services, and integrate seamlessly with the surrounding neighborhoods. Our comprehensive approach, supported by CP4VNE's experienced team and robust service contracts, will ensure that the project is a valuable and positive addition to the community

# FRANK CONNELL

## EXECUTIVE DIRECTOR

Randolph, MA 02368 • Mobile: (781) 234-8338 • [Frankbconnell@gmail.com](mailto:Frankbconnell@gmail.com) • [LinkedIn](#)

### Summary

Empathetic and results-oriented operations and community development leader with 10+ years of experience driving operational excellence and social impact. Proven ability to design and implement data-driven solutions, cultivate strategic partnerships, and lead diverse teams to achieve ambitious goals. Skilled in project management, budget development, public relations, and stakeholder management. Passionate about leveraging data analysis and continuous improvement to deliver measurable outcomes.

### Key Achievements

- **Increased top-line revenue by over \$1M** in collaborative partnership with the Caritas team.
  - **Reduced average vacant days from 261 to 81 (as low as 21 days in some segments)** by identifying bottlenecks in the turnover process and implementing data-driven solutions.
  - **Developed and implemented Caritas Communities' first ERP platform for tracking supportive services output and measuring impact.** This platform integrates with Yardi Voyager, providing leadership with a holistic view of resident well-being.
- 

### Professional Experience

#### Caritas Communities, Inc., Braintree, MA

- **Executive Director (July 2023 to Present)**
  - **Direct Reports: 5**
  - **Budget: \$12 million**
  - **Total staff: 62**
  - Led efforts with CFO to increase top line revenue by over \$1 million in a one-year period, negotiating increases on over a dozen contracts.
  - Launched a first-ever program for Caritas Communities to bring in direct funding for supportive services work. Currently generating \$180k annually to cover program salaries.
- **Director of Strategic Initiatives (February 2022 to July 2023)**
  - **Director Reports: 1**
  - **Total staff: 4**
  - Directed process improvement initiatives to increase operational efficiency, driving higher occupancy and revenue growth.
  - Managed leasing and compliance matters for 897 rental units.
  - Designed and implemented Caritas Communities' first ERP solution for Supportive Services on the Apricot 360 platform.
  - Led efforts to renegotiate agreements with partner agencies, resulting in higher revenue, shared accountability, and improved relationships, including the first increase in 10+ years with one of our largest partners.
  - Collaborated with the Harvard Community Action Partners team to identify KPIs and metrics to measure operational excellence and mission impact.



## **Caritas Communities, Inc., Braintree, MA (cont.)**

- **Senior Leasing and Compliance Manager (December 2021 to January 2022)**
  - Oversaw all processes related to new leases and tenant recertification.
  - Grew the department from 2 to 5 members.
- **Annual Giving Officer (May 2021 to November 2021)**
  - Contributed to \$2.3 million in fundraising through the Annual Dinner, grant writing, and annual giving campaigns.
  - Raised over \$58K through standalone fundraising appeals supporting resident programs.
- **Housing Management Coordinator (October 2018 to May 2021)**
  - Guided qualified applicants through the leasing process, matching them with available units across 28 properties.
  - Established strong relationships with new partner organizations.

## **Skills**

- Project Management
- Budget Development
- Public Relations
- Business Process Improvement
- Leadership and Consulting
- Public Speaking
- Community Outreach
- B2B Marketing
- Stakeholder Management
- Contract Negotiation
- Microsoft Office Suite
- Strategic Planning
- Cost Reduction
- Organizational Leadership
- Team Development and Training
- Data Analysis & Management
- Outcomes Measurement
- Volunteer Management
- ERP / CRM Design and Implementation
- Program Development
- YARDI Voyager

## **Education**

- Master of Business Administration (MBA), Curry College, Milton, MA
- Bachelor of Arts (BA) in Psychology, Curry College, Milton, MA

## **Volunteer Experience**

- Provided advisory services to a major donor for the Archdiocese of Boston, ensuring effective use of funds through outcome measurement.
- Served on the Visitation Parish Collaborative's Plan Writing Team.
- Weekly worship leader and Children's Choir Director (various churches).

## **GREGORY D. RITTCHEN**

M: 203.980.9081

E: [gregrittchen@gmail.com](mailto:gregrittchen@gmail.com)

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### **PROFESSIONAL EXPERIENCE**

#### **Caritas Communities**

*Head of Real Estate & Chief Financial Officer*

*Director of Real Estate Assets*

*Director of Acquisitions & Development*

Braintree, MA

June 2023 - Present

Mar. 2022 – June 2023

June 2021 – Mar. 2022

- Lead acquisitions and development activity, including prospecting, sourcing, feasibility analysis, pro forma, due diligence, municipal engagement, entitlement, financing, and project management.
- Lead the asset management strategy of the organization, successfully increasing real estate revenue over 11% year-over-year.
- Lead portfolio preservation execution, completing over \$2M in renovations across 12 properties.

#### **TCAM Real Estate**

*Consultant*

Boston, MA

Oct. 2019 – June 2021

- Managed a portfolio of under-construction LIHTC projects on behalf of investor clients.
- Advised LIHTC investors on strategic transactional and operational decisions including acquisitions, recapitalizations, exits, waterfall modifications, GP workout scenarios.
- Underwrote large affordable housing deals (\$20M+) for the California HFA, including full due diligence review on LIHTC and tax-exempt bond projects.

#### **Wells Fargo**

*Senior Analyst*

Boston, MA

June 2017 - Sept. 2019

- Analyzed, monitored, reported, and funded new-build and rehabilitation construction projects.
- Managed developer, non-profit, lender, and third-party relationships throughout asset lifecycle.
- Managed portfolio of 40 LIHTC investments in various stages of the asset's investment lifecycle.
- Created consent memos for committee approval on topics like exit, GP change and refinancing.

#### **Third Estate Ventures**

*Co-Founder*

NY State (remote)

Nov. 2015 - June 2017

- Created a new affordable housing model to eliminate concentrated poverty via debt products.
- Achieved 501(c)(3) status as a community developer with a student loan forgiveness program.

#### **Arbor Realty Trust**

*Portfolio Manager*

Depew, NY

Nov. 2013 - Oct. 2015

- Underwrote at-risk GSE mortgages and created action plans and market research reports.
- Inspected multifamily assets of all classes and conditions across the U.S., totaling over 5,000 units.

#### **CPEX Real Estate**

*Investment Sales Associate*

Brooklyn, NY

Jan. 2012 - June 2013

- Underwrote over \$500M in Brooklyn development sites for owner clients.

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### **PROFICIENCIES**

Affordable Housing Acquisitions / Development / Construction / Asset Management

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### **EDUCATION**

#### **Colgate University**

*Bachelor of Arts, cum laude: Major: Philosophy; Minor: Film & Media Studies*

Hamilton, NY

December, 2011

# Ryan P. McLaughlin

| 617-874-0611 | [rmclaughlin@caritascommunities.org](mailto:rmclaughlin@caritascommunities.org) |

## EDUCATION

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### University of Wisconsin-Madison

*College of Letters and Science: BA in Economics, Mathematical Emphasis*  
Relevant courses: Real Estate Law 425, Urban and Regional Economics 420, Real Estate Finance 410, Real Estate Process 306

**Graduated: May 2022**

## WORK EXPERIENCE

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### Caritas Communities, Inc. - Braintree, MA

*Project Manager (January 2024 – Present)*

*Associate Project Manager (September 2022 – December 2023)*

- Applied for – and was awarded – 4% LIHTC and local financing for Caritas' development project in Quincy, MA.
- Underwrote dozens of potential acquisitions by evaluating proformas, sources & uses, IRR and other tangible aspects of real estate.
- Supported the Head of Real Estate on rehabs of kitchens, bathrooms, driveways, roofing, flooring, drywall, painting, etc.
- Created systems for property-level budgeting and requisition tracking.
- Estimated costs on rehab projects prior to work commencement to evaluate feasibility.
- Coordinated with third party vendors and subcontractors to ensure quality work was done in a timely manner.

### Civico Development - Newton, MA (Office in Hopedale, MA)

*Property Manager (May 2022 – September 2022)*

- Oversaw capital improvement projects executed by third-party contractors, reviewed strategy and results with ownership.
- Managed operating and capital budgets.

### Centerpoint Advisors, LLC - Needham, MA

*Intern (June 2021 - August 2021)*

- Researched equities, fixed income assets, and properties for clients; provided relevant notes on market research for the firm's investment team.
- Facilitated meetings on a wide range of topics with both wholesalers and clients, including portfolio reviews and pitches on out-of-house equity and bond funds.

### Callahan Construction Managers - Shrewsbury, MA

*Assistant Supervisor (June 2019 - August 2019)*

- Mastered PlanGrid application to hold contractors accountable and ensure our team was on task and on schedule.
- Promoted to Interim Supervisor due to turnover, managing additional administrative responsibilities.
- Directly performed demolitions and maintenance tasks to ensure cost-saving and scheduling efficiency on smaller projects.

## LEADERSHIP & VOLUNTEER ACTIVITIES

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### Boston Prime Baseball

*Player, Apparel Officer (June 2020 – Present)*

Serve on the leadership board, design apparel, collect quantities, and place orders for team uniforms and gear

### UW-Madison Real Estate Club

*Member (January 2019 – May 2022)*

Collaborate with members to deepen knowledge of real estate industry

### UW-Madison Club Baseball

*Player, Apparel Officer (August 2019 – May 2022)*

Serve on the leadership board, design apparel, collect quantities, and place orders for team uniforms and gear

### Garden City Sports Baseball Clinics - Newton, MA

*Instructor (June 2014 – July 2018)*

Coached kids aged 6-13 through the proper preparation, technique, and mentality regarding baseball

## ADDITIONAL INFORMATION

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**Certifications:** Spectrum CP3 Tax Credit Compliance Certified (Feb. 2024); NFPA Fire Prevention Program Manager (FPPM) Certified (March 2023).

**Honors, Scholarships & Awards:** UW-Madison Dean's List, Spring 2020; NNHS Honor Roll, Fall 2016 - Spring 2018; Two-time nominee for Honda Village Keys to Success Program for Exceptional Students, 2017 & 2018; Robert W. Calabro Football Scholarship, Fall 2017; Sandy Bartzak "Team Above Self" Award, Spring 2015.

**Relevant skills:** Microsoft Office Suite (Word, Excel, PowerPoint), Stats, problem solving, communication, leadership

# COMMODORE PROJECT TEAM



**Dan Hudd**  
CM-LEAN  
Project Director



**Ed Whelan**  
PHIUS+  
Project Executive



**Jack O'Brien**  
PHIUS+  
Superintendent



**Matt Draper**  
Project Manager



**Jonathan Morini**  
Chief Estimator



**Jim Dahill**  
Assistant Project  
Manager



**Scott Garon**  
Senior Estimator

## RESOURCES



**Brian Baynes**  
Vice President,  
Safety



**Tom Buie**  
CM-Lean  
Senior Scheduler



**Mark Luchini**  
PE, LEED AP  
Director of Engineering &  
Technical Services



**Mike Clark**  
LEED AP  
Vice President  
Precon & Planning



**Mike Price**  
PE, LEED AP, CM-LEAN  
Director of Quality &  
Sustainability



## DAN HUDD, CM-Lean

Project Director

### Professional Experience

24 Years of Industry Experience

### Education

Wentworth Institute of Technology  
B.S. Civil Engineering

### Certifications/Licenses

OSHA 10-Hour Certification

OSHA 30-Hour Certification

Certificate of Management  
Lean Construction (CM-Lean)

Procore Certified

First Aid, CPR, and AED Training

### 20 CityPoint, Waltham, MA

230,000 SF new 6-story office building and connecting second floor bridge to existing 10 CityPoint building. 172,000 SF, 8-level, precast concrete parking garage.

### 69 A Street Redevelopment, Boston, MA

45,000 SF rehabilitation and mixed-use commercial conversion of an existing 3-story brick-and-beam former rivet factory building. A 2-story vertical addition constructed on top of the existing building. First cross-laminated timber (CLT) building in Boston. This building also won the Sustainable Construction Innovation Award at the Built Environment Plus (BE+) Green Building Showcase.

### New England Laborers' Training Center, Hopkinton, MA

20,000 SF gut renovation of the existing office/training building on the Hopkinton campus consisting of updates to the interior spaces to meet the needs of current business practices and exterior modifications. The scope includes a new, redesign of office space, interior plumbing upgrades and renovations to the restrooms, all new mechanical heating and air distribution systems including roof top units. Electrical improvements include a new generator, Tel data systems infrastructure and new fire alarm system integrated throughout the entire building. The exterior deck and roof is being expanded, and landscaping work consists of new stone retaining walls and concrete patio areas.

### Confidential Client, One Post Office Square, Boston, MA

100,000 SF fit-out on floors 25 to 28 at One Post Office Square. Scope includes cafe spaces, lounge spaces, private offices, collaboration spaces as well as high end finishes and a large conference center. Base Building work includes removal of existing connecting stairs and slab infill as well as updated restrooms and core areas.

### Rentschler Biopharma, Freezer Farm Expansion, Milford, MA

Transformation of a 1,500 SF office space to a freezer farm.

### Rentschler Biopharma, QC Labs, Milford, MA

Conversion of existing underutilized storage area into a quality control laboratory with supporting office space. Project included the installation of new exterior storefront system, supporting MEP-FP/lab gas systems, dedicated lab exhaust fans, interior finishes, laboratory casework and fumehoods. All work carried out within an occupied building closely adjacent to active quality control laboratories supporting cGMP manufacturing operations.

### Rentschler Biopharma, cGMP Manufacturing Expansion, Milford, MA

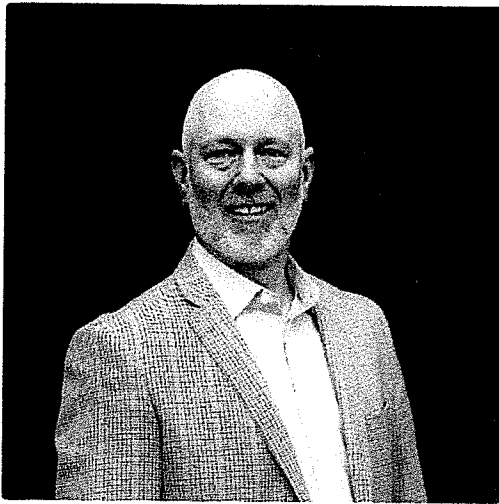
Ground-up, three-level 45,000 SF addition to an active Mab facility. Project also included a 15,000 SF renovation of existing manufacturing suite to enhance manufacturing capabilities for multi-therapy process. Scope included upstream and downstream facilities with central utilities including bulk gas storage and distribution, WFI/clean steam generation, storage and distribution, process I&C / automation, ISO 7/8 clean room manufacturing suites, cold rooms, and new media and buffer prep suites.

### Boston Water & Sewer Commission, Fort Point Channel Separation Project, Boston, MA

The project included the separation of the combined sewer and drainage systems along Congress Street, Farnsworth street, and A Street as well as other smaller streets and cross alleys. Work activities were coordinated with Property Managers to minimize impacts to tenants, such as traffic relocation, service interruptions and access to buildings.

### Leverett Circle Connector, Central Artery Tunnel Project, Boston MA

Construction of traffic tunnels and ramps located in the Leverett Circle area extending behind the Fleet Center, underneath the existing commuter rail yard, and connecting into the mainline Central Artery Tunnel just south of the Zakim Bridge.



## ED WHELAN, PHUUS+

Project Executive

### Professional Experience

**30 Years of Industry Experience**

### Education

Union College  
B.S. Civil Engineering

### Certifications/Licenses

OSHA 10-Hour Certification

OSHA 30-Hour Certification

City of Boston ABC Construction Supervisor  
License (B19210)

Massachusetts Hoisting Engineer License  
(HE-163614)

Massachusetts Construction Supervisor's  
License (CS 65787)

City of Quincy Class A License for Control of  
Building Operations (1801)

Hot Work Safety Certification (01028)

Certified Passive House Builder

### 100 Hemenway, Boston, MA

This project consists of a 52,000 SF, 50-unit, 5-story apartment building with approximately 120 beds. Scope includes the demolition in its entirety of the 104 Hemenway building and reconstruction with conventional wood framing, as well as reconstruction in kind of the masonry facade. Building 108 Hemenway scope consists of partial demolition and full reconstruction/sistering of existing, utilizing wood framing.

### The Harvey, 480 Rutherford Hood Park, Boston, MA

New 6-story, 198,000 SF mixed-use building. Concrete podium construction for the first two floors with five floors of wood framed construction providing 177 residential apartments above. Amenity spaces including, café, roof deck, fitness center and two-level parking garage. Additional project highlights include campus utility infrastructure upgrades, customary landscaping and streetscape improvements around the perimeter of the project as well as interior fit-outs and finishes for the new units.

### 25 Channel Center, Boston, MA

New 13-story luxury condominium building. The project utilized the latest cast-in place concrete technology. The building contains 74 luxury condos as well as 5,000 SF of retail space on the ground floor and the shared underground parking garage for 350 cars.

### 1785 Columbus Avenue, Horizons WaterMark Development, Roxbury, MA

Construction of a new 140,000 SF, 8-story mixed-used building with one level of below-grade parking and one level of at-grade parking. The structures frame was comprised of steel framing and concrete decks. Exterior façade is a combination of rain screen, brick, curtain wall, metal panel. Some key features included two roof top units, roof top mounted generator, fuel storage room, and a Fire Command Center.

### Founders Park, 89 A Street, Needham, MA

230,000 SF core and shell repurposing and tenant improvements working concurrently. Project highlights include replacement of existing underground utility systems both inside and outside the building, upgrades to the building envelope, structural reinforcing of the existing building, and repositioning of the main building entrance. New lobby, elevators, stairs and café were newly constructed. Other campus project involvement includes 900-car precast parking garage addition, and campus underground utility upgrades.

### Winsor School, Center for Performing Arts and Wellness, Boston, MA

New six-story Performing Arts and Wellness Center. Performing Arts Center includes a 510-seat, two-level theater with state-of-the-art controls and rigging, a fly loft and full catwalk system; a costume shop; rehearsal space for music, theater and dance; and recording studio. Health and wellness wing features two gymnasiums with seating; a fitness area; two-story multi-purpose room; training rooms; five squash courts; roof deck; classroom and office space; and locker room facilities. Extremely tight site with limited laydown space on an active school campus. Extensive preconstruction process with multiple budgeted scheme and phasing options to find the most cost effective and functional model.

### 17 Cambridge Center, Cambridge, MA

204,000 SF of new building construction and interior fit-out. Built on grade with vapor mitigation system and steel frame with curtain wall and precast façade. The building is powered by the existing Biogen steam plant and is linked to an existing Biogen building via a two-level connector.

### Kenmore Square Beacon Building, Boston, MA

Renovation of a 6-story structure under the iconic Citgo sign, including the demolition of (3) adjacent structures. A new 7-story high rise structure is constructed on the existing parcel of the demolished buildings. The new and existing buildings are interconnected to create a single 160,500 SF building.



## MATT DRAPER

Project Manager

### Professional Experience

9 Years of Industry Experience

### Education

Wentworth Institute of Technology

B.S. Construction Management

### Certifications/licenses

OSHA 30-Hour Certification

CMAA Certification

FPPM

Asbestos Operations and Maintenance

First Aid, CPR, and AED Training

### Veeva Systems, 100 Summer Street, Boston, MA

30,000 SF fit-out on the 30th floor of 100 Summer Street. The floor is split between open offices/private offices and conference rooms/amenities space. The amenities space includes a game room, large cafe, and a full service catering kitchen.

### Sartorius Manufacturing Facility, Marlborough, MA

32,000 SF tenant fit-out including a new manufacturing QCILaboratory and office space. New building increases the manufacturing floor for a custom filtration assembly. Updates include a new mechanical and electrical infrastructure and a new back-up generator.

### SimpliSafe, Inc., Corporate Headquarters Renovation, 100 Summer Street, Boston, MA

120,000 SF build-out over 3 floors, including a new communicating stair between floors and a roof deck. The new HQ includes open office space, a library, café areas, conference/training areas, collaboration space, and a 24/7 call-center.

### Woods Hill Restaurant at Pier 4, Boston, MA

Fit-out of a 6,700 SF farm-to-table restaurant with a full-service kitchen, bar, dining room and private dining areas accommodating up to 190 guests. The renovated space supports farm-to-table practices and keeps their sustainably-sourced food fresh. 8.5-month construction schedule.

### Verisk-AIR Worldwide, Lafayette City Center, Boston, MA

115,000 SF single floor renovation and tenant fit-out. This multi-phased, high-end open concept office area includes new kitchens, café, gym, and game room. 30-week construction schedule.

### Simpson Gumpertz & Heger (SGH) - 20 CityPoint, Waltham, MA

120,000 SF multi-floor fit-out including an extensive lab on the 1st floor with a heavily engineered high-strength concrete slab for equipment and material testing and a mix of office space throughout levels 2-4. This fast-track project also included a 4-floor interconnecting staircase. 6.5-month construction schedule.

### Morse Barnes-Brown Pendleton - 20 CityPoint, Waltham, MA

22,000 SF office fit-out for law firm on partially occupied floor. The office features open office spaces, private offices, conference and board rooms, huddle areas, kitchen, cafés, with high-end finishes throughout.

### DebtX, 100 Summer Street, 19th Floor, Boston, MA

20,000 SF office fit-out to accommodate DebtX's relocation to 100 Summer Street in downtown Boston. Close coordination with the team and building management was crucial in order to minimize disruption to ongoing operations.

### Cambridge Innovation Center (CIC), 255 Main Street, Cambridge, MA

90,000 SF renovation of five floors (2, 3, 4, 11 and 12) at 255 Main Street in Cambridge. The space includes modern architecture, scalable design offices to accommodate startup companies, and writable wall surface space to enhance interaction. 8-month construction schedule.

### Temple Beth Shalom, Needham, MA

Renovation and addition to the Temple Beth Shalom in Needham, MA. The addition included a new 3 story Learning/Administrative Wing, along with a new social hall and a new centralized entrance with a new reception area.

### btcRE, Somerville, MA

Base building renovation and tenant fit-outs for btcRE in Somerville, MA.





## JIM DAHILL

Assistant Project Manager

### Professional Experience

7 Years of Industry Experience

### Education

Bridgewater State University  
B.A. Management, Marketing

### Certifications

Class B Journeyman Electricians License  
OSHA 30-Hour Training  
First Aid, CPR, and ED Training

### Floor 6, One Charles Park, Cambridge, MA

78,000 SF lab/office fit-out. The scope of this project includes open lab areas, specialty procedure rooms, cold storage, chemical storage, central glass wash/autoclave, office/conference space and on-floor tenant amenities.

### Floor 3, One Charles Park, Cambridge, MA

79,000 SF lab/office fit-out. The scope of this project includes open lab areas, specialty procedure rooms, cold storage, chemical storage, central glass wash/autoclave, office/conference space and on-floor tenant amenities.

### Floor 2, One Charles Park, Cambridge, MA

79,000 SF lab/office fit-out. The scope of this project includes open lab areas, specialty procedure rooms.

### Takeda, cGMP Cell Therapy Manufacturing, Lexington, MA

4-level, 59,000 SF addition onto a operational cGMP facility to provide cell therapy manufacturing capabilities. The building is compromised of a structural steel frame, metal panel/curtainwall facade with (2) passenger and (1) service elevators. Features modular clean-room panel process suites (ISO 7/8). QC laboratories, gowning area. JIT warehouse, support office, and mechanical penthouse. *Jim was a journeyman electrician on this project prior to transitioning to operations.*

### South Shore Hospital, MRI, Weymouth, MA

Phased 1500 SF renovation and new installation of lighting, hospital grade devices and wire, fire alarms, and mineral insulated cable. Scope included distribution of power and low voltage systems to GE provided equipment. Renovations took place in an occupied and active hospital. *Jim was a journeyman electrician on this project.*

### Beth Israel Deaconess Hospital, Linear Accelerator, Plymouth, MA

1,000 SF renovation and new installation. Scope included dsitribution of hospital grade power using lock out tag out procedures. Renovations took place in an occupied and active hospital. *Jim was a journeyman electrician on this project.*

### Faulkner Hospital, X-Ray and Exam room suite renovation, Jamaica Plains, MA

Renovation of 370 SF X-Ray and exam room suite. Project included installation of fire alarms amd lighting using hospital grade distribution of critical and life safety power. Project completed in under 8 weeks in an occupied and active hospital. *Jim was a journeyman electrician on this project.*

### Johnson and Johnson, Depuy Synthes, Raynham, MA

Re-distribution of power and motor control wiring in a 75,000 SF factory-size building. Scope included reworking and moving circutrym distribution of critical power to plant equipment. Fast tracked in three onths in an occupied and active factory. *Jim was a journeyman electrician on this project.*





## JACK O'BRIEN, PHius+

Superintendent

### Professional Experience

6 Years of Industry Experience

### Education

Southern New Hampshire University  
M.S. Construction Management

University of Massachusetts Dartmouth  
B.S. Small Business Management

### Certifications

OSHA 30-Hour Training

Certified Passive House Builder

Construction Supervisor License

A Limited BC Boston High Rise License

Asbestos Operations and Maintenance

FPPM

NFPA Hot Works Certified

First Aid, CPR, and AED Training

OSHA 1026.54 Nonionizing Laser Awareness

### Four Seasons, Royal Suite Renovation, Boston, MA

3,000 SF renovation to the Royal Suite at Four Seasons.

### Related Beal, Kenmore Square Building Fit-Out, Boston, MA

Fit out of the 2 amenities spaces in the Kenmore Square building. The fit-outs consist of a physical therapy office and fitness center in the basement (approx. 5,000 SF) and a Café on the 7th floor (approx. 2,500 SF).

### Takeda, GMP Warehouse Emergency Generator Project, North Reading, MA

Critical standby power project to increase the building's standby power capacity by replacing the existing 500kW diesel generator with an 800kW diesel generator. Project includes new collector box, disconnect, and extensive planning to complete the shutdown to remove existing and tie in new equipment to existing emergency power system in an active GMP warehouse. Close coordination amongst the project team and facility operations allowed for the installation of new distribution equipment to be completed without losing power.

### Gritstone, Lab Fit-out at 648 Beacon Street, Boston, MA

85,000 SF fit-out of core and shell space across three floors of a newly repositioned building for Gritstone Bio's new lab operations in the heart of Kenmore Square's Beacon Street. The project includes R&D, cGMP and sublease lab spaces inclusive of all generation, distribution, waste management, exhaust systems and associated finishes. The project further includes open ceiling office space, warehouse storage, several cold rooms to support lab operations and a 7th floor assembly space overlooking Boston's iconic skyline.

### Takeda (previously Shire), Emergency Generator, North Reading, MA

Critical standby power project to procure, install and commission a 500KW diesel generator with Pritchard Brown enclosure. Project includes new concrete equipment pad, load bank, transfer switch and involves extensive planning to tie-in new equipment to existing emergency power system in operating GMP warehouse. 4-month construction schedule. \$960,000.

### POAH, Mattapan Station, Boston, Massachusetts

Constructed 6 story residential and mixed-use Passive House building surrounded by an MBTA bus loop.

### Maine School District, Morse Regional High School, Bath, Maine

186,000 square foot out of the ground construction of a \$75M high school including the Bath Career & Technical Center with classrooms, theater, gymnasium, community center, library, performing arts, dining common, and shared learning spaces.

### SNHU, SNHU Online Advisor Office Spaces, Manchester, New Hampshire

Renovation of 200,000 SF mill building into an office building.

### SNHU, SNHU Parking Garage, Manchester New Hampshire

Constructed a 7 story precast parking garage beginning to end holding 1700 cars on a jobsite with high traffic and dirty dirt. Delivered the building months early and 2 million under budget.



# JONATHAN MORINI

Principal Architect

## Professional Experience

26 Years of Industry Experience

## Education

Wentworth Institute of Technology  
B.S. Architectural Engineering

## Certifications/Licenses

OSHA 10-Hour Certification

MCCPO CM-at-Risk  
Workshop

## Awards

Sustainable Construction Innovation Award  
for the 69 A Street project

### DCAMM/Veterans' Home in Holyoke, Holyoke, MA

New construction of a 320,500 SF long-term care facility to replace the existing structure. The new eight-story facility will be comprised of 235 rooms for long-term care, an adaptable common/community space, improved support and administrative spaces, and enhanced infection control measures.

### The Boulevard - 110 Broad Street, Boston, MA

100,000 SF 12-story, 36-unit cast-in-place, post tension concrete residential building, 48-car automated below-ground parking garage. New building preserves and incorporates two facades from the historic Bulfinch warehouse.

### Confidential Client, Multi-unit Residence, South Boston, MA

61,000 SF, 4-story, 28-unit Passive House residential building with artist live/work studios and loft style residences, 3,000 SF of retail space and two levels of enclosed parking below for 32 cars.

### 15 Dix Street Condominiums, Winchester, MA

40,000 SF new luxury 12-unit residential condominium development and below grade 25-car, 3-level concrete post-tension parking garage.

### Harvard University Housing, One Western Avenue Renovation, Boston, MA

31,700 SF interior renovation of all study rooms and corridors throughout the 15-story housing building.

### Urban Edge - Walker Park Apartments, Columbus Avenue & Walnut Park, Roxbury, MA

Preconstruction services for two sites including a total of 49 units. Site 1 (18,876 SF) will have 17 units in a 4-story building. Site 2 (29,948 SF) consists of 32 units in a 4-story building. Open green space will be left at the 2040 Columbus Ave frontage.

### Long Wharf Custom House, Core & Shell Redevelopment, Boston, MA

81,000 SF interior and exterior core and shell renovation of historic Long Wharf Custom House. The scope involved targeted exterior restoration, interior floor plan reconfiguration, structural repairs for new central stairs, corridors, and new elevators, as well as high end lobby finishes and bathroom upgrades. Additionally, new MEP systems were installed on the roof and new electrical/mechanical rooms at the ground level equipped with flood doors and waterproofing for protection from tidal damage. The building is listed on the U.S. National Register of Historic Places.

### Wheaton College, Pine Hall, Norton, MA

47,500 SF new 170-bed dormitory. 3-story and 4-story elevations spanning grade changes at the site. Designed and constructed to Passive House building standard.

### Perkins School for the Blind, Watertown, MA

70,000 SF historical (1911) campus building renovation and new construction of a 40,000 SF academic building. Scope included new dormitory spaces, commercial kitchen, decommissioning and demolition of selective floors and life-safety upgrades.

### Babson College, Park Manor Residence Halls, Wellesley, MA

100,000 SF summer renovation of four dormitories. Scope included new sprinkler systems, electrical distribution, millwork, external masonry repointing, and bathroom upgrades.

### Wheelock College, Campus Center & Student Residence, Boston, MA

60,000 SF ground-up construction of 7-story campus center and student residence hall. Scope included curved entryway, café and dining area, multi-function student center, and dormitory rooms. Challenges included working in close proximity to other residence halls and library while preserving historic trees that frame the campus. LEED Silver certified.



# SCOTT GARON

Senior Architect

## Professional Experience

23 Years of Industry Experience

## Education

Keene State College  
B.A. Geography

## Certifications/Licenses

OSHA 30-Hour Certification

### DCAMM/Veterans' Home in Holyoke, Holyoke, MA

New construction of a 320,500 SF long-term care facility to replace the existing structure. The new eight-story facility will be comprised of 235 rooms for long-term care, an adaptable common/community space, improved support and administrative spaces, and enhanced infection control measures.

### Christopher Heights Assisted Living Facility, Northampton, MA

New construction of a 54,000 SF, 3-story, 73-bed Assisted Living Community. The structure was a pre-panelized load bearing metal stud walls with Epicore MSR Composite Floor System by Infinity Structures. Project included common spaces, residential units, commercial kitchen and outdoor activity spaces.

### Christopher Heights Assisted Living Facility, Belchertown, MA

Ground-up construction of a 54,000 SF, 3-story wood framed, 73-bed Assisted Living Community. Project included common spaces, residential units, commercial kitchen and outdoor activity spaces.

### Olympia Place, Amherst, MA

New construction of a 5-story off-campus student housing building abutting the UMASS Campus. The building houses 74 apartments with a large common area and flex spaces for meetings and studies.

### Kendrick Place, Amherst, MA

Design/Build 58,500 SF mixed-use residential property. Located in downtown Amherst, Kendrick Place includes commercial space and 36 apartments, tailored to the college town market. The 5-story complex houses up to 104 tenants in one, two and four-bedroom apartments ranging in size from 590 to 1,200 SF. A 10,000 SF data science center occupies the ground level.

### One East Pleasant, Amherst, MA

New, 83,000 SF, 5-story, mixed-use residential building in downtown Amherst, MA. The upper 4 floors consist of 135 apartments with studio, one- and two- bedroom floor plans, to house 143 residents. The first floor consists of 7,500 SF of retail space.

### Erikson Living - Linden Ponds Building RB-2, Hingham, MA

Ground up construction of a 156,000 SF, 7-story Assisted Living Community Building. The structural component of the building was a HAMBRO Composite Floor System.

### Welch Healthcare Assisted Living Addition, Weymouth, MA

Ground up, 2-story, wood frame addition to the Welch Healthcare Assisted Living Community. The 27,000 SF addition included memory care units, independent living units and community space. Project also included interior renovations to the existing building to allow the tie-in of the new addition.

### Erikson Living - Brooksby Village Assisted Care, Peabody, MA

28,000 SF, wood framed addition to the 90-acre Brooksby Village Continuing Care Community. The expansion includes 28 assisted care apartments and new community spaces to complement the campus' existing independent living, skilled nursing, rehabilitation, and memory care residences and amenities.

### Wheaton College, Pine Hall, Norton, MA

47,500 SF new 170-bed dormitory. 3-story and 4-story elevations spanning grade changes at the site. Designed and constructed to Passive House building standard. 15-month construction schedule.

# JASON GILBERT

11 Elmwood Ave, Salem NH, 03079

Cell Phone: 603-818-1216

Jgilbert2002@gmail.com

## WORK EXPERIENCE:

### **VWIP CASE MANAGER, 04 /2008 – 06/2011**

Veterans Northeast Outreach Center, Haverhill MA

45 hours a week

**CASE MANAGEMENT:** Prepare and maintain records and case files, including documentation such as Veterans personal and eligibility information, services provided, narratives of Veterans contacts, or relevant correspondence to include all important military documents such as DD-214, Disability Award Letter, Discharge Status. Confer with Veterans to discuss their employment goals so that rehabilitation plans for accessing needed services can be developed. Maintain close contact with Veterans during job training and placements. Arrange for physical, mental, academic, vocational, and other evaluations to obtain information for assessing veterans needs and developing rehabilitation plans. Develop and maintain relationships with community referral sources, such as schools or community groups. Locate barriers to Veterans employment, such as inaccessible work sites, inflexible schedules, or transportation problems, and work with each Veteran individually to develop strategies for overcoming these barriers. Participate in job development and placement programs, contacting prospective employers, placing veterans in jobs, and evaluating the success of placements

### **SSVF & GPD Program Manager/ Grant Writer, 06/2011 – 01/2019**

Veterans Northeast Outreach Center, Haverhill MA

45 hours a week

**GRANT WRITING:** Continuously maintains programmatic guidelines and ensures all grants follow all applicable laws. Staffs each grant appropriately and provides the leadership and oversight implement these contracts to their fullest extent. Ensures to meet all program requirements regarding reporting, billing, compliance and outcomes to all the grants identified above. Research and identify grant opportunities based on funding amount needed, location, and organization project to include both Federal and State Veteran Grant opportunities. Track and create a calendar of grant opportunities – including deadline dates, required materials, etc. Complete and submit grant applications to secure funding. Successfully understand and communicate mission and vision of VNEOC and ensure that Veteran outcomes are the forefront of all application purpose. Communicate with foundations, if needed, to confirm an organization is applicable to apply for funding. Prioritize grants to apply for (based on size of grant and time funding is released) Create and update grant FAQ document to provide Veterans and VNEOC Staff Members information and boundaries of each grant that falls within the agency.

**PROGRAM MANAGEMENT/ SUPERVISION:** Plan and schedule day to day VNEOC Operations with the Executive Director. Coordinate activities between departments, stakeholders and community partners. Monitor and review programming to ensure that

schedules are met, guidelines are adhered to, and performances are of adequate quality. Establish work schedules and assign work to staff members of VNEOC. Evaluate new and existing programming to assess suitability and the need for changes, using information such as audience surveys, feedback and statistics to better prepare grants for future programming. Direct or coordinate financial or budget activities to fund operations, maximize investments, or increase efficiency. Establish or implement departmental policies, goals, objectives, or procedures in conjunction with board members, organization officials, or staff members. Perform personnel functions such as selection, training, or evaluation. Meet with Veterans whose cases are more complex and needed an added level of care. Supervise up to 60 staff who work directly with Veterans on a day to day basis. Provide feedback and training to staff members on new programs or eligibility requirements. Provide own Veteran Peer Support to staff and Veterans utilizing programs to help normalize experiences with own lived experience.

**PROPERTY MANAGEMENT:** Manage and oversee operations, maintenance, administration, and improvement of residential properties for Veterans in GPD Bridge Model and GPD TIP and other Veteran Housing programs coordinated by VNEOC. Plan, schedule, and coordinate general maintenance, major repairs, and remodeling or construction projects for residential properties. Direct collection of monthly rental fees and deposits or payment. Inspect grounds, facilities, and equipment routinely to determine necessity of repairs or maintenance. Act as liaisons between on-site managers or tenants and owners. Meet with prospective tenants/Veterans to show properties, explain terms of occupancy, and provide information about local areas and programs connected to GPD program. Direct and coordinate the activities of staff and contract personnel and evaluate their performance. Investigate complaints, disturbances and violations and resolve problems, following management rules and regulations. Determine and certify the eligibility of prospective Veterans, following government regulations and agreements made by VNEOC and grants written for such programs.

Total veteran count in both programs: **50 homeless veterans to include families** within the GPD Transition in Place grant (GPD TIP).

#### **Caritas Communities 204 Springs Rd Bedford MA**

- Manage and oversee operations, maintenance, administration, and improvement of residential properties for Caritas Communities and other Veteran Housing programs coordinated by VNEOC to include Emergency/Temporary Bed contracts. Plan, schedule, and coordinate general maintenance, major repairs, and remodeling or construction projects for Caritas Communities. Direct collection of monthly rental fees and deposits or payment. Inspect grounds, facilities, and equipment routinely to determine necessity of repairs or maintenance. Act as liaisons between on-site managers or tenants and owners. Meet with prospective tenants/Veterans to show properties, explain terms of occupancy, and provide information about local areas and programs connected to VA Medical center Bedford Healthcare for Homeless Veterans program. Direct and coordinate the activities of staff and contract personnel and evaluate their performance. Investigate complaints, disturbances and violations and resolve problems, following management rules and regulations. Determine and certify the eligibility of prospective Veterans, following government regulations and agreements made by VNEOC and grants written for such programs.

Total veteran tenant count at Bedford Veterans Quarters: **56 permanent residents and 4 DHCD DTA homeless beds.**

- Wrote and applied for 2 VA Emergency/ Transitional Shelter grants and was awarded contracts totaling: \$435,080 (located at the Bedford Veterans Quarters). Provided management and oversight of the shelter contracts.

Total Emergency and Temporary beds: **15 homeless veterans**

#### **Interim Executive Director, 01/2019 – 07/2019**

Veterans Northeast Outreach Center, Haverhill MA

45 hours a week

- Interim Chief Executive Officer managing the day to day operations of a private veteran nonprofit agency providing outreach services to veterans and their families and housing with services to homeless veterans in Essex, Middlesex, Barnstable counties, MA and Rockingham counties NH.
- Advisory Board Member for the Balance of State (BOS MA-516)
- Advisory Board Member for the (North shore COC MA-510)
- Veteran advisory committee member for Massachusetts Dept. of Veteran services
- Veteran advisory committee member for Congresswoman Lori Trahan

#### **Program Development Specialist, 09/2019-11/2020**

Clear Path for Veterans New England Inc.

45 Hours a week

- Development of programs and day to day oversight of all Clear Path Programming and reporting therein.
- Manage, build, and foster relationships with local State, and Federal Partners
- Manage and report budgets for all Clear Path Programming
- Inform and brief Executive Director on State and Federal funding opportunities related to the care of our homeless population.

#### **Chief Operations Officer, 11/20 to Present**

Clear Path for Veterans New England Inc.

40+ hours a week

- Brief Executive Director on weekly directives
- Manage the day-to-day operations of the agency
- Maintain correct time and schedule per employee
- Manage and report budgets for all Clear Path Programming
- Inform and brief Executive Director on State and Federal funding opportunities related to the care of our homeless population. Initiating the grant writing process and research.
- Inform Executive Director of new and innovative approaches to issues faced by veterans seeking homeless services
- Maintaining program compliance through analysis of goals and outcomes of each program
- Maintain the facilities maintenance schedule with maintenance dept. through on time oversight of records.
- Advisory Board Member for the Balance of State (BOS MA-516)

## **MILITARY:**

### **United States Marine Corps**

**01/1998 - 01/2002**

Honorable Discharge

E4 Corporal

Multiple overseas exercise deployments

## **EDUCATION:**

### **Greater Lawrence Technical School**

**1994**

Academic/ Automotive Vocational Diploma

### **Northern Essex Community College**

**2013**

AA Human Services

### **Northern Essex Community College**

**2013**

Certificate in Alcohol and Substance Abuse Counseling

### **Cambridge College**

**2022**

BA Human Service's Management

**Focus on Non-profits**

Donna Bulger

## Summary

- 10+years Leadership Experience
- Undergraduate Degree in Business
- Manage financial data in research and development environment
- Exceptional interpersonal skills – negotiating, presenting, written
- Strong Project Management skills – planning, estimating, execution review

## Experience

**3/2017 – present      Clear Path for Veterans New England      Devens, MA**

**Vice President/Executive Director (volunteer role)**

- Provides leadership, financial management and program development skills to the standup and operation of a Clear Path for Veterans 501(c)3 organization.
- Acquires federal, state and local foundation grants to support program activities and capital projects.
- Lead and oversee program development for canine therapy and service dog placement program; peer support program; brain retrain, culinary and wellness programs
- Leads community outreach and partnership efforts.
- Oversees financial management
- Works with Devens community planners on a major capital project focused on renovating the Historic former Army Hospital to be Clear Path's premiere resource and wellness Center for Veterans in New England.

### 3/2016 -Present

**DC Holdings LLC**

**Leominster, MA**

**Technology Business Development Consultant (part-time/project based)**

- Facilitate business development representing organizations that focus on the Military sector manufacturing and supply chain for everything from Clothing and Individual Equipment to Airdrop Support Products. This includes the supply chain needed to support new and unique product lines from both small and large businesses across the country.
- Lead for 3<sup>rd</sup> Party Logistics project efforts with Program Manager Force Sustainment System. Provide advisory consulting services on Small Business Plans, project scope and statement of work, project execution review and reporting
- Development of program acquisition documentation for Joint Evacuation & Transport Simulation (JETS) and Point of Injury and Trauma Simulation Program for the Defense Health Agency Joint Program Committee.
- Technology Scout and Market Research for Defense Medical Simulation Programs



**01/2010 -12/2015**

**US Army Natick Soldier Systems Center**

**Natick, MA**

*Associate Director, Operations and Outreach*

- Report to the SES Director, Natick Soldier Research, Development and Engineering Center, an organization of 700 government scientists and engineers and support personnel.
- Responsible for leadership, development and oversight of operations and outreach for the Center's programs and activities including Financial, Business Development, Human Resource, Facilities, Public Affairs, Security and Information Technology
- Manage annual operations budget of \$3M and supervise 7 support teams with a total of 90 employees.
- Chaired quarterly financial review of Soldier portfolio project execution including basic research, technology and program management funding in excess of \$38M.
- Lead for partnership agreements with the State of Massachusetts, academia and private sector small businesses to leverage technology development efforts to benefit ongoing R&D activities, collaborating on the development of partnership agreements, and review and assessment of proposals for cooperative research, manufacturing technology and the rapid innovation fund.
- Worked with Chief Scientist to implement innovation funds and project management process.
- Represent the Center with Senior Executives and General Officers and State and local government officials
- Develop budget justification and present budget requirements to various levels
- Advise Program Management Offices on Matrix work agreements and annual reimbursable funding reporting and requirements.

**07/1979-12/2009** I held various positions as a Federal government employee of the Department of Defense/Department of the Army primarily in the Human Resource Management, Strategic Planning and Organizational Development fields. Experience includes 5+ years facilitating the Strategic Advisory Council and Executive Steering Committee

#### **Education**

- Emmanuel College (Boston), Graduate Certificate, Leadership, 2008 - 2010
- Western New England University, Grad Cert, Systems Engineering Management, 2001 - 2003
- Emmanuel College (Boston) BA, Business, 1994 - 2000

#### **Training and Certification**

- Green Belt – Lean Six Sigma
- Total Leadership Development Training Instructor
- Six Thinking Hats -Creativity Facilitator Training Instructor

# • Yanitza Mendez

• 6 Elm St Haverhill, MA. 01830 • Phone: (978) 902-5245 • E-mail: llenni1@msn.com

## SKILLS & LANGUGES

- Bilingual English/Spanish
- Data Management/Entry
- Notary
- Microsoft Word
- Power Point
- Excel
- Outlook
- Publisher
- QuickBooks
- Octopia
- Excellent Customer Services
- Ability to multi-task
- DataStream
- Salesforce.com
- IATA
- Invoice Works
- Avimark
- ETO
- Ability to handle high levels of confidentiality

## EDUCATION

Southern New Hampshire University –Manchester, NH

**BA Human Services – Concentration Substance abuse -Present**

Instituto de Banca & Comercio – **Medical billing/Medical Secretary 2013 – Ponce, PR**

NORTHERN ESSEX COMMUNITY COLLEGE - HAVERHILL, MA

**Associate of Science – Administration Management / Travel & Tourism, 2004**

CERTIFICATE PROGRAMS

L.A.R.E. Training CTR. – **Business Administration, 1998 – Lawrence, MA**

## PERSONAL SUMMARY

To collaborate with the goals and growth of an established organization that helps others. Use my skills in a position where excellent customer service and knowledge of technology is required. Willing to learn, fast learner, self-starter, and goal oriented with strong drive to succeed. Ability to take initiative, Adapt easily to technological changes. Communicate, effectively both orally and written form.

## EXPERIENCES

HVRP Lead Employment Specialist: **Clear Path for Veterans New England Devens MA-2022 - Present**

- Responsible for ensuring that the grant is dispersed in accordance with the VA guidelines.
- Outreach – Engage with veterans and other partners and employers within the community
- Assessment/Intakes – assess veterans to determine program eligibility and gauge readiness and willingness to engage in employment services
- Case Management – develop IEP (Individualized Employment plan
- Analyze and maintain program compliance, quality, effectiveness, and program updates
- Assist with outreach and enrollment activities in a variety of settings throughout the agency.
- Maintains computerized records of all outreach and enrollment activities.
- Tracks progress of clients
- Dispenses information on the phone and in person regarding services. Answered inquiries as accurately and completely as possible
- Maintain statistical records to reflect up-to-date information on individuals seeking services.
- Works closely with other staff to continuously look for ways to improve veteran services.

SSVF Program Coordinator: **Veterans Northeast Outreach Center Haverhill, MA 2018- 2022**

Responsible for ensuring that the grant is dispersed in accordance with the VA guidelines.

- Work with the SSVF Director to develop an effective SSVF compliance-training program. Including appropriate introductory training for new employees as well as ongoing training for all SSVF employees.
- Analyze and maintain program compliance, quality, effectiveness, and program updates including data quality in the homeless management system – HMIS for SSVF program
- Monitor and approve all budgeted project expenditures, ensuring all expenses are eligible per applicable policies and procedures for the SSVF program
- Prepare and analyze monthly, quarterly, and annual reports on client data

SSVF Case Manager: **Veterans Northeast Outreach Center Haverhill, MA**

**2018-Present**

Assisting homeless veterans, veterans at risk of being homeless and their families

- Provide Clients with service information

- Conduct crisis intervention with veterans and their family
- Provide supports counseling and case management
- Collaborate with outside resources and providers to ensure clients' needs are met
- Assist clients in developing housing plan
- Assist VA social workers with clients' needs
- Create care plans that include advocacy crisis intervention and referrals to appropriated services
- Ensure all documentation is complete
  - Manage caseload/internal intakes
- Collaborate with VNOC office staff in regard to shelters and transporting clients
- Develop and maintain family needs, skills assessments and individual action plans for veteran and their families
- Maintain detailed files and notes on client progress
- Make referrals as necessary to link participants with training and related services and resource
- Utilized veteran resource and connect veteran and families to the veteran community
- Conducted monthly meetings with clients to assess progress, identify and resolve obstacles
- Responsible for the outreach and enrollment activities in my assigned COC's
- Provides outreach reports and information to program coordinator
- Maintains computerized records of all outreach and enrollment activities.
- Maintained program ETO database.
- Tracks progress of veterans through 3, 6, and 9 moth follow-ups
- Works with the Program Coordinator to submit reports required to the center
- Works closely with other staff to continuously look for ways to improve veteran services.
- Assist veterans in gathering the documentation and process it accordingly
- Provide veterans information on federal income guidelines and qualifications.
- Maintain statistical records to reflect up-to-date information on individuals and families Seeking services.
- Copy all required documentation for client files
- Coordinate and maintain binder for ineligible veterans
- Dispenses information on the phone and in person regarding services. Answered inquiries as accurately and completely as possible
- Coordinate with vendors to accommodate veterans needs (i.e moving companies, furniture banks, mattress deliveries)

Intake/outreach Specialist: **GLCAC. INC, Lawrence, MA**

**2016-2017**

Assisting individuals and families to apply and recertify for health insurance and choose the appropriate health plans for the family.

- Assist with the outreach and enrollment activities in a variety of settings throughout the agency.
- Provides outreach reports and information for agency staff to maximize outreach activities.
- Maintains computerized records of all outreach and enrollment activities.
- Maintained program OCTOPIA database.
- Assists clients to prepare and submit applications for new health insurance requirements.
- Tracks progress of clients and their applications and follow-up to maximize number of clients that successfully obtain accurate health insurance.
- Works with the Program Coordinator to submit reports required to the agency and the funding source.
- Works closely with other staff to continuously look for ways to improve client services.
- Assisted clients to complete applications for health insurance related issues.
- Provide clients information on federal income guidelines and qualifications.
- Maintain statistical records to reflect up-to-date information on individuals and families seeking services.
- Translate letters for clients
- Notarize letters for clients
- Copy/Fax all required documentation to help clients maintain accurate health insurance

***References provided upon request***

## **Program Coordinator**

**POSITION:** PROGRAM COORDINATOR

**PROGRAM:** SUPPORTIVE SERVICES FOR VETERAN FAMILIES

**REPORTS TO:** PROGRAM MANAGER

**FUNCTION:** Effectively provides day to day management and administration for team of case managers that provides services for veterans and their families identified by the program, with a specialization in homelessness, rapid re-housing and transitional supportive services. Develop and monitor the appropriate use of key linkages for veterans and their families that address intake and assessment, service planning, service delivery and goal achievement for attainment or maintenance of permanent housing. The position will provide leadership for the team of case managers, especially training, supervision, problem-solving for difficult or stuck cases, and case review. Oversee appropriate use by case managers of community advocacy and wrap around supports and services in the community. Measure and assess impact of services and supports and participate in CQI efforts.

### **QUALIFICATIONS:**

- A bachelor's degree in education, counseling psychology, rehabilitative counseling, or related human service field, but an Associate's degree may substitute upon review of other, experience critical to homeless veterans and their families. Degree may be waived based on experience in veterans' programs. Two years supervisory experience required. Reliable transportation and excellent driving record a must. Preference to military veterans given.

### **PRINCIPLE DUTIES INCLUDE:**

- Ensure that all programming is conducted in compliance with the rules and regulations of licensing and funding agencies, and in accordance with Clear Path for Veterans New England Inc. Policy and Procedures.
- Promote the homelessness prevention and rapid re-housing model of service delivery. Develop and promote where practical an awareness of critical barriers to attaining or maintaining permanent housing, and rapid response to those barriers.
- Integrate high priority veterans into services who are capable of engaging in a comprehensive transition plan, including those with behavioral health problems, physical impairments, HIV +/- AIDS, and other issues.
- Communicate effectively with treatment teams and collateral agencies to rapidly address and correct issues with services or supports- especially employment, education, family and socialization.
- Assist in developing program policy and procedure
- Facilitate staffing of clients.

- Review client files and provide guidance and direction to case managers
- Conduct weekly staff meetings and supervision for SSVF Case Managers
- Provide quarterly summaries and documentation as required by SSVF grant.
- Ensure that staff works with veterans and their families to measure and assess the impact of services that support rapid re-housing; from assessment to service planning, delivery and review.
- Provide program and professional supervision, lead required staff meetings and trainings, and promote to team-based collaborative planning.
- Enters data in accordance with data management requirement (HMIS) see section 3.
- Other duties as needed and requested.

#### **EFFECT ON END RESULTS:**

- Goals and objectives of the program are addressed, measured and reviewed.
- Staff is provided support to implement program policies and procedures.
- Planned services are delivered within the scope of the team's resources and budget.
- Critical stakeholders have access to the program and input into its operations.
- The team produces meaningful outcomes and measured results.

**JOB TITLE:** CASE MANAGER, SSVF  
**PROGRAM:** Supportive Services for Veteran Families (SSVF)  
**REPORTS TO:** PROGRAM Coordinator, SSVF  
**Function:**

The **SSVF Case Manager** is responsible for providing quality outreach supportive services, for very low-income veterans and their families as identified by the program. The position is responsible for locating and screening homeless veterans and their family whom are either 1. Residing in permanent housing, 2. Is homeless and scheduled to become a resident of permanent housing pending location, or 3. Recently exited permanent housing. The Case Manager will travel throughout the Suffolk County area visiting homeless shelters, substance abuse programs, faith based agencies, drug and veteran-specific courts and other agencies. Using a standardized instrument the Case Manager will screen veterans, conduct assessments, make referrals, monitor referrals, coordinate services/referrals with local Veteran's Administration and the Department of Homeless Services.

**Duties include, but are not limited to, the following:**

This position will provide case management/outreach/benefit advocacy to an assigned caseload and facilitate the participant's attainment and placement into permanent housing. These goals are accomplished by providing outreach, screening, assessment, individualized housing stabilization plans, and establishing strong relationships with permanent housing providers and community resources. Duties include, but are not limited to, the following;

**Specific Duties and Responsibilities:**

- As indicated by team assignment, conducts on-site presentations at receptive homeless facilities and assessment shelters, conducting individual motivational sessions about the immediate and long-term benefits of program participation.
- Circulates descriptive program literature and contact information.
- Conducts level-of-care determinations that have integrity and conform with agency and governance mandates, while concurrently ensuring that clients receive the information required towards making informed choices regarding program participation.
- Evaluates clients' appropriateness for program participation, maintaining written documentation detailing each client contact made.
- Documents all pertinent information on appropriate screening forms.
- Communicates with perspective clients' home-site to arrange transfers, arranging transportation of outreached clients to screening appointments when approved by supervisor.
- Where consistent with team assignment, verifies HA numbers and related client-data in the SCIMS System at clients' home-site shelters.
- Keeps supervisor informed of day-to-day activities, significant events or conditions impacting on client and/or staff well being, team safety, and office operations.
- Ensures the maintenance of accurate, complete, timely and high quality client records that comply with external regulatory standards and agency policy and procedure.
- Provides orientation education to clients regarding program rules and regulations, client rights and grievance procedures, staff roles and program structure, and information pertaining to available program services and optional methods of attaining housing goals.

- Where indicated by team assignment, delivers psycho-educational lectures and counseling services, including developing preliminary individual service plans.
- Provides case management/advocacy services to assigned participants.
- Provides individual counseling and facilitation of participant appointments.
- Participates in assessment screenings to determine client needs/preferences; formulates and implements treatment, transition, and discharge plans with individual clients.
- Complies with 42 CFR confidentiality and HIPAA privacy and security regulations.
- Works cooperatively with other staff as a member of the interdisciplinary team.
- Functions as a liaison/advocate to participants and/or other agencies as needed.

**JOB TITLE:** Outreach Specialist, SSVF

**PROGRAM:** Supportive Services for Veteran Families (SSVF)

**REPORTS TO:** Program Manager, SSVF

**Function:** This position effectively provides day to day support and services for veterans and their families identified by the program, with a specialization in homelessness prevention, rapid re-housing and transitional supportive services. Specialist will seek out qualified client referrals on daily basis and develop network of targeted referral sources. Provide pre-screen, intake, and assessment on qualified participants, and coordinate with Senior Case Managers to attain permanent housing in the veteran's home community. Specialist will provide continuous advocacy and education around supports and services in the community in order to reduce homelessness among veterans and veterans at risk of homelessness.

### **Responsibilities**

- Participates in outreach and advocacy efforts to help reduce veteran homelessness in program's catchment area.
- Develops strong network of veteran referral sources to generate daily referrals.
- Conducts initial pre-screens on new referrals, and qualifies candidates for program.
- Coordinates with Senior Case Managers to provide services and support.
- Assists the prospective clients in gathering documentation necessary for enrollment.
- As workflow demands conducts overflow of the intake and assessments for clients.
- Connects with other providers, including housing providers, for referrals and linkages.
- Assists in the coordination of intake and outreach process;
- Ensures that inquiries about the application and admissions process are responded to in a timely manner
- Conducts regularly reviews referral log to determine applicant trends and percentages of applicants accepted to and attending the program.
- Participates in all required team meetings and external meetings as assigned.
- Performs other duties as required by the Program Manager.
- Enters data in accordance with data management requirement (HMIS) see section 3.

### **Qualifications**

- High School diploma is required; Accredited Associate Degree in Human Services is highly preferred.
- At least one year of experience in providing intake and outreach activities including home visit services, and case management.
- Knowledge of veterans programs, services, and military culture.
- Comfort in interacting with housing authorities, mental health clients and substance abuse programs.
- Excellent public speaking and presentation skills.
- Reliable transportation and excellent driving record. Preference to military veterans given





# Clear Path<sup>TM</sup>

## FOR VETERANS NEW ENGLAND

SUPPORTING THE JOURNEY HOME<sup>TM</sup>

### Peer Support Specialist Job Description

#### **Mission**

At Clear Path for Veterans New England, we empower Veterans and Service Members adjusting to civilian life after the military to develop a life action plan that optimizes their health and wellness by enabling them to reach their full potential. Peer Specialists will do this through the assignment of Clear Path Programming in conjunction with our Outreach Team. We deploy our Peers and Wingmen within their communities to conduct outreach and find Veterans or Service Members in need. Whether it is dealing with a veteran who is homeless, food insecure, finding a veteran a job, or dealing with an immediate need, peers and Wingmen are there to encourage Veterans and Service Members that they meet in their communities to reach out for help and will refer them to the Clear Path for Veterans New England Peer Mentoring Program to work with a Peer Mentor to develop a life action plan. Clear Path CPS works hand in hand with the Veteran or Servicemember by supporting progress against action plans to identify if additional help or resources are needed.

#### **Overview**

Clear Path Certified Peer Specialists serve as employees of Clear Path for Veterans New England. As representatives of the organization, they reflect the values, goals, and mission of Clear Path for Veterans New England.

The experience gained as a certified Peer can provide the basis for social service careers and continued selfless service in a safe, supportive environment.

#### **Characteristics**

- Able to deal with ambiguous situations
- Possess and routinely apply analytical skills
- Communicate in a concise but caring manner
- Firm but flexible
- Learn quickly and easily

- Observant of behavior and processes
- Must be persuasive without being overbearing
- Sensitive to people and situations
- Consistently manage stress effectively
- Able to identify teaching moments
- Negotiate successfully

### **Roles and Responsibilities**

You will perform the following tasks as a Clear Path Certified Peer Support Specialist.

Clear Path Certified Peer Specialists will be assigned to Clear Path programs to support the program mission while supporting all scheduled outreach and events. Priority will be to the program assigned.

- Communicate and collaborate with Outreach Program Coordinator to develop an outreach strategy for each congressional district within an assigned state.
- Recruit, train, and collaborate with Wingmen within assigned State.
- Ability to navigate a client tracking system and maintain current data and reporting.
- Drive Veterans to and from appointments to help stabilize or sustain well-being and housing stability.
- Serve as a liaison between community resources and Veterans or Service Members by providing and advocating for their current needs regarding mental health, substance abuse, and transitional housing assistance.
- Participate in the service, consult with other professional activities of treatment, and function as a full professional member of the multidisciplinary team. The CPS will also assist Veterans and Service Members develop a treatment team if needed.
- Perform a variety of therapeutic and supportive tasks, including assisting your peers in articulating their life goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the SPSS' own experience, and supporting them in advocating for themselves to obtain effective services in meeting their goals and objectives.
- Assist veterans in articulating personal goals for recovery through one-to-one and group sessions.
- Work with veterans to develop and implement a personal recovery plan.
- Host individual and group sessions to teach veterans how to identify and combat negative self-talk and how to identify and overcome fears by providing a forum that allows group members to share their experiences.
- Assist in crisis interventions for any program patient or address other emergency situations.
- Teach and role model the value of every individual's experience.
- Assist in obtaining services that suit the individual's needs.
- Inform veterans about community and mutual supports and how to use these in the transitional processes.

- Assist veterans in developing empowerment skills and combating stigma through self-advocacy.
- Provide support of veterans' vocational choices and assist them in choosing a job that matches their strengths.
- Assist veterans in building social skills within their community.
- Provide the Outreach coordinator with all significant activity to gather data and record progress.
- Provide Outreach specialist with a 30/60/90-day follow-up of client progress.
- Attend Clear Path for Veterans New England Events and Training.

### **Requirements**

- Must be a veteran\* who has successfully transitioned or has relative experience navigating complex VA systems.
- Must be able to share your experience and information with Service Members and Veterans throughout your community.
- Conduct outreach to present yourself as a Peer Specialist within your assigned State / Community or program assignment.
- Attend a variety of Community engagements along with Clear Path for Veterans New England's Wingmen/Women
- DD-214 (honorable discharge required)
- 1-3 years of experience in a leadership role, either military or current position
- Reliable transportation
- Valid Driver's License
- Pass CORI
- 3 personal references
- Resume
- A brief statement about why you want to serve our Veterans, Service Members, and Clear Path for Veterans New England.
- Certified Peer specialist with one-year work experience, associate or bachelor's degree preferred but not required.

### **Hours**

Positions available P/T and F/T

20-40 Hour work weeks Mon-Friday, maybe weekends if needed to support the mission

Pay will be determined by experience

If interested, please email your cover letter, resume, and DD214 to [jgilbert@clearpathne.org](mailto:jgilbert@clearpathne.org). If you have questions, feel free to reach out to Jason Gilbert at 978-384-8800

**David T. DiGregorio Sr.**  
**Broker, Coldwell Banker Realty**  
**Number One Team in Massachusetts**

I am writing to share some exciting news and seek your support for a cause that has been my passion for the past seven years. As a broker in the Massachusetts market and part of the number one team in Massachusetts for Coldwell Banker Realty, I have been tirelessly advocating for a preference for veterans in housing. This journey began with composing the language for a bill, meeting at the State House, and speaking personally with the Speaker of the House. Despite facing several pushbacks, we overcame these obstacles, and I am proud to report that the bill has passed the House of Representatives with a unanimous vote of 160 for and 0 against. The bill is now with the Senate and is expected to pass within the next couple of weeks, after which the Governor will have 10 days to sign it into legislation.

This bill represents a significant step forward in protecting our homeless and low-income veterans, ensuring they have access to safe, clean, and affordable housing for themselves and their families. However, the work does not end here. Massachusetts cannot apply this mandate automatically, which is why I am committed to helping cities and towns, including Waltham, adopt this bill and actively seek out veterans in need of help being placed in secure housing.

As we move forward, your support and partnership will be crucial in the successful implementation of this initiative. Together, we can ensure that our veterans receive the recognition and assistance they deserve. I look forward to working with you to make this vision a reality.

Thank you for your time and consideration.

Sincerely,

David T. DiGregorio Sr.  
Broker, Coldwell Banker Realty  
david.thomas@NEMoves.com  
617-899-9757

Dear Proposal Review Committee,

At Launch for Veterans, we are committed to addressing the critical need for housing among low-income veterans and their families. Our mission is rooted in the belief that those who have selflessly served our country deserve a secure and dignified place to call home. We bring a wealth of experience, a robust support network, and a proven track record of success to this vital endeavor, making us the ideal candidate for the Fernald Development Project.

**Our Strengths:**

1. **Experience and Expertise:** Our team comprises seasoned professionals with extensive backgrounds in veterans' services, housing development, and non-profit management. We understand the unique challenges faced by low-income veterans and their families and have tailored our programs to meet these specific needs.

2. **Comprehensive Support Services:** Beyond providing housing, we offer a holistic support system that includes mentoring, financial counseling, and community integration programs. This integrated approach ensures that our veterans and their families not only find a home but also the resources and support needed to thrive.

3. **Data-Driven Approach:** We employ a data-driven approach to measure the impact of our programs and ensure their success. By rigorously analyzing outcomes and feedback, we continuously refine our services to be more effective and responsive to the evolving needs of veterans and their families.

4. **Strong Community Partnerships:** We collaborate with local governments, businesses, and other non-profits to leverage additional resources and create a supportive community network. Notably, our partnership with Clear Path for Veterans, a leader in providing veteran services and housing, significantly enhances our impact in communities. This collaboration allows us to expand our reach and offer comprehensive support to veterans and their families.

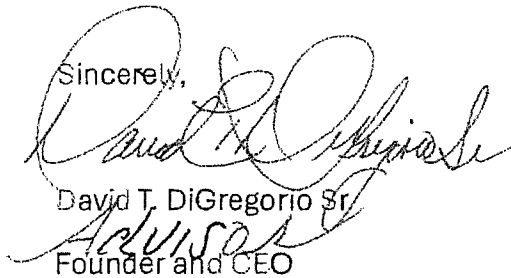
**5. Sustainable Solutions:** Our focus on sustainable building practices and efficient use of resources ensures that our projects are not only beneficial in the short term but also contribute to long-term community development and environmental stewardship.

With your support, we aim to expand our reach, renovate existing properties, and construct new housing units specifically designed for the needs of low-income veterans and their families. The Fernald Development Project represents an excellent opportunity to further our mission and provide much-needed housing and support to those who have served our country.

We are confident that our experience, comprehensive approach, data-driven methodology, strong partnerships, and commitment to sustainability, combined with our impactful collaboration with Clear Path for Veterans, make us the ideal candidate for the Fernald Development Project. We look forward to the opportunity to collaborate and make a meaningful difference in the lives of our veterans and their families.

Thank you for considering our proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "David T. DiGregorio Sr.", is written over the printed name and title. The signature is fluid and cursive.

David T. DiGregorio Sr.  
Advisor  
Founder and CEO

Launch for Veterans

# **Launch Foundation: Empowering Veterans, Rebuilding Lives**

In the heart of our nation, where bravery is etched into the very fabric of our history, there exists a silent struggle that echoes through the lives of our heroes – our veterans. The call to duty met with unwavering courage is often succeeded by a challenging journey back to civilian life, one that comes with its unique set of battles. It's here that Launch Foundation takes its stand, determined to transform challenges into opportunities, and dreams into realities.

## **The Unseen Battles**

As the last echoes of the battlefield fade, another battle begins for our veterans – the battle for a stable, affordable home, the battle against food and housing insecurity, and the battle against the shadows of substance abuse. These are the battles fought on the home front, battles that should never be fought alone.

## **Our Mission: A Guiding Light**

Launch Foundation was born from the conviction that every veteran deserves more than gratitude; they deserve unwavering support and a pathway to a brighter future. Our mission is simple yet profound – to assist low-income and homeless veterans in preparing for and securing affordable housing. We stand as mentors, advocates, and pillars of support, addressing the very real issues of food insecurity, housing instability, and the challenges of overcoming substance abuse.

## **A Beacon of Hope**

Imagine a world where every veteran has a place to call home, where the specter of homelessness is replaced with the warmth of a secure shelter. Launch Foundation is that beacon of hope, illuminating the path towards stability, resilience, and a renewed sense of purpose.

## **Our Approach: Comprehensive and Compassionate**

At Launch Foundation, we understand that housing is just the first step. We go beyond, offering holistic support that includes mentorship, counseling, and community engagement. Our programs are designed to not only secure homes but to transform lives, breaking the cycle of homelessness and fostering a sense of belonging.

## **Stories of Triumph**

Within the heart of our mission lies a tapestry of stories – stories of veterans who, with our support, have overcome adversity, reclaimed their lives, and become pillars of strength within their communities. These are stories of triumph, resilience, and the enduring spirit of those who have sacrificed so much for our freedom.

## **Join Us in the Journey**

As we embark on this noble journey, we invite you to stand with us. Together, we can rewrite the narrative for our veterans, turning the page on homelessness and insecurity. Your support, whether through advocacy, partnership, or contribution, fuels the momentum of our mission. Join Launch Foundation in ensuring that every veteran has a place to call home, a community to belong to, and a future filled with promise.

**Together, Let's Launch Dreams.**



INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JAN 28 2020**

HOME FOR VETERANS NETWORK LAUNCH  
738 MAIN ST  
WALTHAM, MA 02451-0000

Employer Identification Number:  
84-3472159  
DLN:  
26053409002070  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Form 990-PF Required:  
Yes  
Effective Date of Exemption:  
November 21, 2019  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a private foundation within the meaning of Section 509(a).

You're required to file Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation, annually, whether or not you have income or activity during the year. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PF" in the search bar to view Publication 4221-PF, Compliance Guide for 501(c)(3) Private Foundations, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 1076



THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY  
ATTORNEY GENERAL

(617) 727-2200  
(617) 727-4765 TTY  
[www.mass.gov/ago](http://www.mass.gov/ago)

July 28, 2020

AG #: 065835

HOME FOR VETERANS NETWORK LAUNCH  
738 Main Street, #224  
Waltham, MA 02451

07/28/2020

Dear Sir or Madam:

Thank you for registering with the Non-Profit Organizations/Public Charities Division of the Office of the Attorney General. The above-named organization's registration as a public charity in Massachusetts pursuant to Mass. G.L. c.12, § 8E is confirmed and the organization has been assigned the Attorney General number referenced above. Kindly use your Attorney General's number on all correspondence with our office.

Charitable non-profit organizations doing business in Massachusetts are required to register and file annual financial reports (Form PC) with this Division pursuant to Mass. G.L. c.12, § 8E-8F. Your organization's annual financial report (Form PC) will be due four and one half (4 ½) months after each fiscal year end. In addition, an annual filing fee -dependent on the organization's total gross support and revenue- is required with each financial report.

Special information if your organization plans to solicit charitable donations: Pursuant to Mass. G.L. c.68, § 19, organizations must apply for and be issued a Certificate for Solicitation each year prior to charitable solicitation from the public. If when your organization registered, you did not contemplate solicitation or if, at that time you did not complete the Schedule A2 - you must do so and submit it with the additional fee of \$50 in order to receive a Certificate for Solicitation. If your organization has been in operation for longer than a year, you must submit up to four years of financial filings, after which your organization will be granted a Certificate for Solicitation.

Please visit our website: [www.mass.gov/ago/charities](http://www.mass.gov/ago/charities), and review the sections under "Information for Existing Charities" for important information on annual filings and the AG's enforcement role. Form PC, Short Form PC, Instructions and other forms and publications are also available on the website mentioned above.

Sincerely,

Non-Profits/Public Charities Division  
617-727-2200 ext 2101



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

In reply refer to: 0150707992  
Jul 01, 2020 LTR 147C  
84-3472159

HOME FOR VETERANS NETWORK LAUNCH  
TRUST  
738 MAIN ST UNIT 224  
WALTHAM MA 02451-0616 384

Taxpayer Identification Number: 84-3472159

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of July 1st, 2020.

Your Employer Identification Number (EIN) is 84-3472159. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

MR HUGHES  
1003517512  
Customer Service Representative

Home for Veterans Network

Launch

We, Christopher DiGregorio, David Di Gregorio and Gina Pierante , all of the Commonwealth of Massachusetts, do hereby acknowledge and declare that we hold the funds set forth in the schedule attached hereto marked "Schedule A", together with such additional property as may be transferred, assigned, delivered or conveyed to the Trustees hereunder from time to time, as Trustees upon the following trusts and for the following uses and purposes:

ARTICLE I: NAME OF TRUST: This Trust shall be known as the Home for Veterans Network /Launch and its principal office shall be located in Waltham, Massachusetts.

ARTICLE II: PURPOSE: This Trust is created for charitable purposes only, as follows: To aid and assist low income and homeless veterans prepare for and to secure affordable housing. To further support other veteran organizations through awareness and fundraising. All efforts towards the goal of ending homelessness for Veterans.

No part of the activities of the Trust shall consist of carrying on propaganda or otherwise attempting to influence legislation and no part of the net earning of the

Trust shall inure for the benefit of any private individual, person or corporation, except pursuant to the charitable purposes above stated.

ARTICLE III: DURATION: This Trust shall be irrevocable and perpetual; provided, there if the charitable purposes for which it has been created shall, by reason of circumstances at any time existing, cease to be practical, the Trustees shall transfer the assets remaining in their hands to such other charitable purposes as nearly related thereto as the Probate Court in and for the County of Middlesex, after notice to or consent of the Attorney General, shall by decree determine .

ARTICLE IV: ADMINISTRATION OF TRUST: The concurrent action or decision of a majority of the Trustees then serving hereunder, but never less than three shall be necessary and sufficient in determining and acting upon all matters within the scope of this Trust, and all matters designated to be within the discretion of the Trustees hereof, but any one or more Trustees may be designated to perform ministerial duties and one shall be designated Secretary and one as Chairperson; however, the signature of any one Trustee shall be required to disburse or transfer funds or securities of the trust, including the signing of checks and the endorsement or transfer of securities . In case of the death, resignation or incapacity of any Trustee the remaining Trustees may, by an instrument in writing, declare the office vacant and appoint a Successor Trustee who shall meet the qualification for a Trustee as hereinafter set forth.

ARTICLE V: POWERS OF TRUSTEES: The Trustee shall have the full power and authority:

1. To accumulate and reinvest the income and profits of the Trust .
2. To determine the amount of income to be paid out in any given year for the charitable purposes defined herein .
3. To determine the method of payment .
4. To solicit and accept funds and bequests to increase the assets of the Trust .

The Trustees shall have full and unrestricted discretionary power and authority to hold, manage, invest and reinvest, sell, assign, transfer and deliver, mortgage, pledge or borrow on the credit of or otherwise deal with or dispose of all property of the Trust both real and personal without application to or order of any Court and without any duty upon any person dealing with them to see to the application of any money or other property delivered to them. In making investments, the Trustees shall not be limited to such investments as Trustees are by law authorized to make but may make whatever investments seem to them judicious or advisable, including the securities of mutual investment funds and the Trustees may engage and rely upon the advice of reputable investment counselors; provided, nevertheless, that no Trustee hereunder shall be personally liable in any case for anything other than his own personal breach of Trust amounting to bad faith or dishonesty; each Trustee hereunder shall be entitled to indemnity from the Trust

property for any personal liability or expense, including surety bond premiums, incurred by him in the administration of this Trust, except such as may arise from his personal and willful default or neglect of duty and any firm or bank of which a Trustee is a member or officer may act as counsel or depository for the Trust or its funds and receive reasonable compensation therefor.

It is intended that the income only of the Trust shall be used for the charitable purposes set forth herein but this shall not constitute a legal restriction. The Trustees may apply so much of the income and corpus as in their judgment shall be proper in furtherance of assisting Veterans in securing affordable housing .

ARTICLE VI: POWERS:                      A Certificate signed by any one or more Trustees setting forth as facts any matters affecting or relating of the Trust or any action taken by the Trustees as authorized herein, shall be conclusive evidence of the existence of such alleged facts in favor of all personal and all persons dealing with the Trust may rely upon such certificate, except that no such certificate shall be effective so as to affect any interest in real estate until it shall have been recorded in the Registry of Deeds for the district and county in which such real estate is situated.

ARTICLE VII: ACCOUNTS: The Trustees shall keep an accurate account of all financial matters and shall prepare an account annually on a calendar year or on such fiscal year basis as they shall determine, and they shall cause said account to be audited and certified annually by a competent person who is not a Trustee. A copy of each annual report and certification thereof shall be kept in permanent form with the records of the Trust, provided, further, that if occasion should arise to file said accounts with the Probate Court for allowance, the only assent required shall be that as may be specifically required by the general laws of the Commonwealth of Massachusetts .

ARTICLE VIII: AMENDMENTS: This Trust may be amended as found necessary in order to conform to the requirements of the Federal Internal Revenue Code as to qualifying as a non-taxable charitable Trust.

ARTICLE IX: Notwithstanding any other provision of these articles, the Trust is organized exclusively for one or more of the following purposes: religious, charitable, scientific, testing for public safety, literary, or educational purposes, or to foster national or international amateur sports competition but only if no part of its activities involve the provision of athletic facilities or equipment), or for the prevention of cruelty to children or animals, as specified in section 501 (c) (3) of the Internal Revenue Code of 1954, and shall not carry on any activities not permitted to be carried on by a

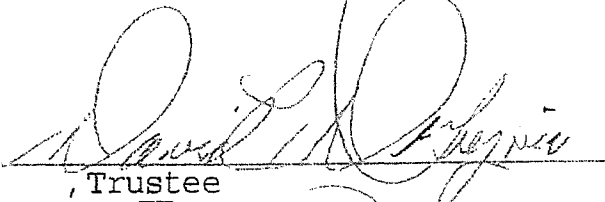


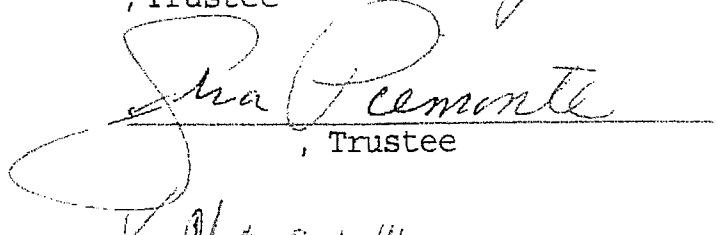
Trust exempt from Federal Income Tax under section 501 (c) (3) of the Internal Revenue Code of 1954.

ARTICLE X: In the event of dissolution, all of the remaining assets and property of the Trust shall after payment of necessary expenses thereof be distributed to such organizations as shall qualify under section 501 (c) (3) of the Internal Revenue Code of 1954, as amended, or to another organization to be used in such manner as in the judgment of a Justice of the Supreme Court of the State of Massachusetts will best accomplish the general purposes for which this Trust was formed.


IN WITNESS WHEREOF, we hereunto set our hands and seals  
this

Dated *November 21, 2019*

  
\_\_\_\_\_  
, Trustee

  
\_\_\_\_\_  
, Trustee

  
\_\_\_\_\_  
, Trustee

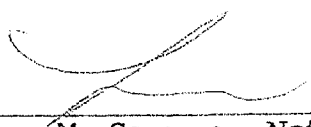
  
\_\_\_\_\_  
Laura Cannon, Atty. for  
Foundation

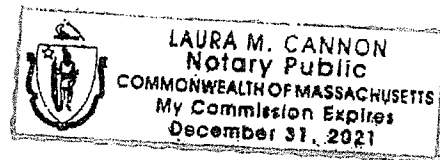
COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS

Nov. 21, 2019

Then personally appeared the above-named Christopher DiGregorio, David DiGregorio and Gina Piemonte and acknowledged the foregoing instrument to be their free act and deed, before me,

  
Laura M. Cannon - Notary Public  
My Commission Expires: 12-31-21



**HOUSE . . . . . No. 2077****The Commonwealth of Massachusetts**

PRESENTED BY:

*John J. Lawn, Jr.**House of Representatives**To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to veterans housing advantage.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>John J. Lawn, Jr.</i>	<i>10th Middlesex</i>	<i>1/18/2023</i>
<i>Adam Scanlon</i>	<i>14th Bristol</i>	<i>1/24/2023</i>
<i>Peter Capano</i>	<i>11th Essex</i>	<i>1/31/2023</i>
<i>Carol A. Doherty</i>	<i>3rd Bristol</i>	<i>1/31/2023</i>
<i>Vanna Howard</i>	<i>17th Middlesex</i>	<i>2/7/2023</i>

**HOUSE . . . . . No. 2077**

By Representative Lawn of Watertown, a petition (accompanied by bill, House, No. 2077) of John J. Lawn, Jr., and others relative to establishing veterans' housing preferences. Municipalities and Regional Government.

[SIMILAR MATTER FILED IN PREVIOUS SESSION  
SEE HOUSE, NO. 2185 OF 2021-2022.]**The Commonwealth of Massachusetts**In the One Hundred and Ninety-Third General Court  
(2023-2024)

An Act relative to veterans housing advantage.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

SECTION 1. Chapter 40A of the General Laws is hereby amended by inserting after section 9C the following section:-

Section 9D. A city or town that adopts or has adopted an inclusionary zoning ordinance or by-law may also adopt an ordinance or by-law establishing a veterans' preference in private development. A city or town that adopts a veterans' preference pursuant to this section may offer up to 10 per cent of the city or town's low or moderate income housing inventory pursuant to sections 20 through 23, inclusive, of chapter 40B and its implementing regulations to a qualified veteran before the lottery process. This section shall not increase existing amount of such affordable units set by the city or town. A veteran who meets all existing requirements for eligibility for low or moderate income housing shall be eligible for such veterans' preference; and the city or town may require proof of veteran status as the city or town deems necessary. If no veteran is eligible for such veterans' preference units, said units shall revert back to the general lottery.



**CARITAS**  
communities

Preventing homelessness. Improving lives. One room at a time.

Crystal Philpott  
Purchasing Agent  
City of Waltham  
610 Main Street, Waltham, MA  
(781) 314-3244

RE: Lease of Dolan Hall and a Portion of Land at the Former Fernald State School

To Ms. Philpott:

Caritas Communities, Inc. and its affiliates propose a ground lease at the subject premises for a term of 30 years at \$500 per unit per year. This amount equates to \$14,000 per year and \$420,000 over the course of the Lease term.

Sincerely,

*Greg Rittchen*

Greg Rittchen  
CFO and Head of Real Estate  
Caritas Communities, Inc.

DOLAN HALL 15-YEAR PROFORMA

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
GROSS POTENTIAL RENT	\$ 743,232	\$ 761,813	\$ 780,858	\$ 800,380	\$ 820,389	\$ 840,899	\$ 861,921
VACANCY	\$ (37,162)	\$ (38,091)	\$ (39,043)	\$ (40,019)	\$ (41,019)	\$ (42,045)	\$ (43,096)
BAD DEBT	\$ (14,865)	\$ (15,236)	\$ (15,617)	\$ (16,008)	\$ (16,408)	\$ (16,818)	\$ (17,238)
NET REVENUE	\$ 691,206	\$ 708,486	\$ 726,198	\$ 744,353	\$ 762,962	\$ 782,036	\$ 801,587
TOTAL EXPENSES	\$ 368,000	\$ 382,720	\$ 398,029	\$ 413,950	\$ 430,508	\$ 447,728	\$ 465,637
REPL. RESERVES*	\$ 11,200	\$ 11,536	\$ 11,882	\$ 12,239	\$ 12,606	\$ 12,984	\$ 13,373
NET OPERATING INCOME	\$ 312,006	\$ 314,230	\$ 316,287	\$ 318,165	\$ 319,848	\$ 321,324	\$ 322,576
GROUND LEASE	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)
DEBT SERVICE	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)
DSCR	1.18	1.19	1.20	1.21	1.21	1.22	1.22
NET CASH FLOW	\$ 34,546	\$ 36,770	\$ 38,827	\$ 40,705	\$ 42,388	\$ 43,864	\$ 45,116

\*To cover future capital expenditures

DOLAN HALL 15-YEAR PROFORMA

	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
GROSS POTENTIAL RENT	\$ 883,469	\$ 905,556	\$ 928,195	\$ 951,400	\$ 975,185	\$ 999,564	\$ 1,024,554	\$ 1,050,167
VACANCY	\$ (44,173)	\$ (45,278)	\$ (46,410)	\$ (47,570)	\$ (48,759)	\$ (49,978)	\$ (51,228)	\$ (52,508)
BAD DEBT	\$ (17,669)	\$ (18,111)	\$ (18,564)	\$ (19,028)	\$ (19,504)	\$ (19,991)	\$ (20,491)	\$ (21,003)
NET REVENUE	\$ 821,626	\$ 842,167	\$ 863,221	\$ 884,802	\$ 906,922	\$ 929,595	\$ 952,835	\$ 976,656
TOTAL EXPENSES	\$ 484,263	\$ 503,633	\$ 523,779	\$ 544,730	\$ 566,519	\$ 589,180	\$ 612,747	\$ 637,257
REPL. RESERVES*	\$ 13,775	\$ 14,188	\$ 14,613	\$ 15,052	\$ 15,503	\$ 15,969	\$ 16,448	\$ 16,941
NET OPERATING INCOME	\$ 323,589	\$ 324,346	\$ 324,829	\$ 325,020	\$ 324,899	\$ 324,447	\$ 323,640	\$ 322,458
GROUND LEASE	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)	\$ (14,000)
DEBT SERVICE	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)	\$ (263,460)
DSCR	1.23	1.23	1.23	1.23	1.23	1.23	1.23	1.22
NET CASH FLOW	\$ 46,129	\$ 46,886	\$ 47,369	\$ 47,560	\$ 47,440	\$ 46,987	\$ 46,180	\$ 44,998

\*To cover future capital expenditures



The Massachusetts Life Insurance Community Investment Initiative

June 27, 2024

Gregory D. Rittchen  
Head of Real Estate & CFO  
Caritas Communities, Inc.  
25 Braintree Hill Office Park, Suite 206  
Braintree, MA 02184

*Sent via email: [grittchen@caritascommunities.org](mailto:grittchen@caritascommunities.org)*

RE: Letter of Support and Interest for Financing of Dolan Hall, Waltham - Veterans Affordable Housing Development

*Sent via email.*

Dear Mr. Rittchen:

The Life Insurance Community Investment Initiative (TLI) is pleased to provide this letter of support for your plans for the preservation and redevelopment of Dolan Hall to create permanent and supportive housing for Veterans. We are excited to support your project and your efforts to create this transformative opportunity for this Waltham property serving our Veterans who are most in need.

TLI, as a mission driven lender, has provided over \$700,000,000 in financing to affordable housing developments, commercial properties, businesses and community facilities across the Commonwealth of MA since its inception 25 years ago. We are honored to have worked with Caritas Communities on similar projects in Boston and Chelsea and welcome the opportunity to provide the needed financing for the redevelopment and preservation of Dolan Hall.

Since Caritas is a current borrower of TLI, we know that you have the financial strength to support the financing to make the Dolan Hall Veterans affordable housing development a success. Based on the proposed project information provided to us, TLI would be interested in working with Caritas on this redevelopment opportunity.

Your track record of successfully redeveloping challenging properties to create supportive housing opportunities for Veterans in the communities in which you work, provide you with a unique insight and the skills necessary to realize the City of Waltham's vision for Dolan Hall.

Please do not hesitate to reach out to me directly at [mlockwood@masscapital.com](mailto:mlockwood@masscapital.com) or at 617-536-3905 if I can answer any other questions for you regarding my support of your team for this project.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mollye Lockwood".

Mollye Lockwood  
Senior Vice President



EXTENDED TO NOVEMBER 15, 2022

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2021**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection**A** For the 2021 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

CARITAS COMMUNITIES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

25 BRAINTREE HILL OFFICE PK

Room/suite

206

City or town, state or province, country, and ZIP or foreign postal code

BRAINTREE, MA 02184

**F** Name and address of principal officer: KARIN CASSEL

SAME AS C ABOVE

**D** Employer identification number

04-2875899

**E** Telephone number

781-843-1242

**G** Gross receipts \$ 5,891,232.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.CARITASCOMMUNITIES.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1985 **M** State of legal domicile: MA**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>HOMELESSNESS PREVENTION THROUGH HOUSING WITH SUPPORT FOR VERY LOW INCOME INDIVIDUALS IN GREATER</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	101
	6	Total number of volunteers (estimate if necessary)	6	217
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,882,874.	3,265,264.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,038,952.	2,590,313.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,401.	32,539.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-131,359.	-171,965.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,861,868.	5,716,151.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,577,891.	2,008,372.
	17	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 703,885.	0.	0.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,074,164.	4,681,422.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,652,055.	6,689,794.
	20	Revenue less expenses. Subtract line 18 from line 12	209,813.	-973,643.
	<b>Net Assets or Fund Balances</b>	21	Total assets (Part X, line 16)	Beginning of Current Year
22		Total liabilities (Part X, line 26)	17,924,765.	16,422,870.
23		Net assets or fund balances. Subtract line 21 from line 20	19,670,681.	18,904,594.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	KARIN CASSEL, EXECUTIVE DIRECTOR	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	MATTHEW TROIANO, CPA	MATTHEW TROIANO, CPA
	Firm's name ▶ AAFCPAS, INC.	Firm's EIN ▶ 04-2571780
	Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581	Phone no. 508-366-9100

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

17031114 715045 12148

2021 05000 CARITAS COMMUNITIES, INC.

12148 1

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

- 1 Briefly describe the organization's mission:  
**AT CARITAS COMMUNITIES, WE PREVENT HOMELESSNESS BY PROVIDING VERY LOW INCOME INDIVIDUALS WITH PERMANENT HOUSING, SUPPORT, SENSE OF COMMUNITY, AND EXPANDED OPPORTUNITIES. FOR OVER 35 YEARS, CARITAS HAS HELPED FILL THE NEED FOR SAFE, SECURE HOUSING IN GREATER BOSTON.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ **1,522,577.** including grants of \$ ) (Revenue \$ **348,770.**)  
**PROPERTY MANAGEMENT & REAL ESTATE DEVELOPMENT - CARITAS COMMUNITIES, INC. SERVES AS THE REAL ESTATE DEVELOPER AND PROPERTY MANAGER OF ALL OF ITS 30 BUILDINGS LOCATED IN 14 GREATER BOSTON COMMUNITIES, AND HAS SERVED AS A CO-DEVELOPER OF THREE ADDITIONAL AFFORDABLE HOUSING PROJECTS LOCATED IN SOUTH BOSTON. CARITAS COMMUNITIES, INC. UNDERSTANDS THE IMPORTANCE OF STABLE, SAFE, AND QUALITY HOUSING AND BY SERVING AS THE DEVELOPER AND PROPERTY MANAGER OF ITS RENTAL HOUSING, CARITAS COMMUNITIES, INC. IS ABLE TO ENSURE ITS HOUSING MAINTAINS THE STANDARD OF EXCELLENCE ITS RESIDENTS DESERVE.**
- 4b (Code: ) (Expenses \$ **3,479,734.** including grants of \$ ) (Revenue \$ **2,244,659.**)  
**RENTAL HOUSING - CARITAS COMMUNITIES, INC. PROVIDES PERMANENT HOMES TO MORE THAN 1,000 VERY LOW-INCOME INDIVIDUALS. FOR OVER 33 YEARS, CARITAS HAS HELPED FILL THE NEED FOR AFFORDABLE, SAFE, SECURE HOUSING IN GREATER BOSTON. WE PREVENT HOMELESSNESS AND STABILIZE NEIGHBORHOODS. CARITAS COMMUNITIES, INC. PRIDES ITSELF ON PROVIDING SAFE, WELL MAINTAINED, STABLE HOUSING. EACH HOUSE IS SUPERVISED BY A LIVE-IN RESIDENT MANAGER RESPONSIBLE FOR THE WELL-BEING OF THE RESIDENTS AND THE UPKEEP OF THE PROPERTY. THE CARITAS MODEL CREATES SUSTAINABLE PROPERTIES THAT LESSEN THE NEED FOR HOMELESS SHELTERS. WE MAKE IT POSSIBLE FOR OUR RESIDENTS TO HAVE A PERMANENT HOME, AND TO MAINTAIN DIGNITY AND STABILITY IN THEIR LIVES.**
- 4c (Code: ) (Expenses \$ **118,722.** including grants of \$ ) (Revenue \$ )  
**HEALTHY RESIDENTS - CARITAS DEVELOPED THE HEALTHY RESIDENT PROGRAM TO HELP HEAL THE OUTCOMES OF POVERTY AND HOMELESSNESS THAT RESULT IN ISOLATION, DISTRUST, DEPRESSION AND POOR HEALTH. CARITAS' HEALTHY RESIDENT PROGRAM ENCOMPASSES FREE Y MEMBERSHIPS, COMMUNITY MEALS, OPEN ART WORKSHOPS, WRITING WORKSHOPS, BUDGET WORKSHOPS AND LIBRARIES IN OUR HOMES, ALL INTENDED TO PROVIDE CARITAS RESIDENTS WITH OPPORTUNITIES TO CONNECT WITH OTHERS AND PARTICIPATE IN ACTIVITIES THAT FACILITATE PHYSICAL AND MENTAL WELLNESS AND SOCIAL BELONGING.**
- 4d Other program services (Describe on Schedule O.)  
 (Expenses \$ **151,055.** including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses **5,272,088.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 101		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ..... 1a 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent ..... 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? ..... 5		X
6 Did the organization have members or stockholders? ..... 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? ..... 8a	X	
b Each committee with authority to act on behalf of the governing body? ..... 8b		X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... 9		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? ..... 10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... 11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... 12c	X	
13 Did the organization have a written whistleblower policy? ..... 13	X	
14 Did the organization have a written document retention and destruction policy? ..... 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official ..... 15a	X	
b Other officers or key employees of the organization ..... 15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... 16a	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... 16b	X	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**KARIN CASSEL - 781-843-1242**  
**25 BRAINTREE HILL OFFICE PARK, #206, BRAINTREE, MA 02184**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTOR MARTINEZ COO	35.00 7.50			X				274,795.	0.	19,944.
(2) KARIN CASSEL EXECUTIVE DIRECTOR	35.00 7.50			X				223,338.	0.	18,400.
(3) THOMAS NEE SENIOR OPERATIONS DIRECTOR	35.00 7.50				X			130,157.	0.	32,105.
(4) VERNELL CLOUDEN-DUVAL DIRECTOR OF FUNDRAISING	35.00 7.50				X			123,186.	0.	15,396.
(5) JED ADER DIRECTOR OF FACILITIES	35.00 7.50				X			114,044.	0.	15,121.
(6) BILL CHURCHILL CHAIRMAN	0.80 0.30	X		X				0.	0.	0.
(7) ROBERLYNE CHERFILS VICE CHAIR	0.80 0.30	X		X				0.	0.	0.
(8) ROBERT MAULDEN TREASURER	0.80 0.30	X		X				0.	0.	0.
(9) MAURA MURPHY CLERK	0.80 0.30	X		X				0.	0.	0.
(10) MICHAEL BINETTE DIRECTOR	0.80 0.30	X						0.	0.	0.
(11) YASMINE BOUCHRARA DIRECTOR	0.80 0.30	X						0.	0.	0.
(12) JOHN BRENNAN III DIRECTOR	0.80 0.30	X						0.	0.	0.
(13) KATIE CATLENDER DIRECTOR	0.80 0.30	X						0.	0.	0.
(14) R. DUANE CLARK II DIRECTOR	0.80 0.30	X						0.	0.	0.
(15) TIM CORCORAN DIRECTOR	0.80 0.30	X						0.	0.	0.
(16) TRISHA DALEY DIRECTOR	0.80 0.30	X						0.	0.	0.
(17) OLIVIA GOUGH DIRECTOR	0.80 0.30	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID GREENBLATT DIRECTOR	0.80 0.30	X						0.	0.	0.
(19) GINA MARTINEZ DIRECTOR	0.80 0.30	X						0.	0.	0.
(20) WILLIAM MCLAUGHLIN DIRECTOR	0.80 0.30	X						0.	0.	0.
(21) KEVIN O'FLAHERTY, ESQ. DIRECTOR	0.80 0.30	X						0.	0.	0.
(22) TOM PALMER DIRECTOR	0.80 0.30	X						0.	0.	0.
<b>1b Subtotal</b>								865,520.	0.	100,966.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								865,520.	0.	100,966.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
<b>3</b> Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SERVICE UNITED STATES CORP. 25 CONTROLS DRIVE, SHELTON, CT 06484	JANITORIAL SERVICES	214,647.
THREE-KAY CONSULTING 74 SHERRICK AVENUE, HOLBROOK, MA 02343	CONSULTING SERVICES	186,091.
PAULO CEZAR PAIZANTE DBA SO CLEAN CLEANING 3912 PORT SEA PLACE, KISSIMMEE, FL 34746	JANITORIAL SERVICES	143,362.
THRIFT BUILDERS, 141 MEMORIAL PKWY RMB 120, RANDOLPH, MA 02368	CONTRACTOR	135,610.
NW PEST CONTROL 28 EDGE HILL ROAD, WALTHAM, MA 02451	EXTERMINATION SERVICES	112,345.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a	329,265.			
	b	Membership dues	1b				
	c	Fundraising events	1c	756,685.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	925,329.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,253,985.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f		3,265,264.			
<b>Program Service Revenue</b>	2 a	RENTAL INCOME	Business Code	531190	2,244,659.	2,244,659.	
	b	MANAGEMENT FEE	531190	340,590.	340,590.		
	c	INCOME FROM INVESTMENTS	900099	5,064.	5,064.		
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		2,590,313.			
	<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		32,539.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real (ii) Personal				
b		Less: rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 756,685. of contributions reported on line 1c). See Part IV, line 18	8a	0.			
b		Less: direct expenses	8b	175,081.			
c		Net income or (loss) from fundraising events		-175,081.			-175,081.
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11 a	MISCELLANEOUS	Business Code	900099	3,116.	3,116.	
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d		3,116.			
	12	<b>Total revenue.</b> See instructions		5,716,151.	2,593,429.	0.	-142,542.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	536,477.	272,052.	203,990.	60,435.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,086,018.	554,978.	178,595.	352,445.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,324.	9,522.	2,297.	10,505.
9 Other employee benefits	245,663.	112,504.	48,146.	85,013.
10 Payroll taxes	117,890.	54,164.	25,196.	38,530.
11 Fees for services (nonemployees):				
a Management				
b Legal	44,865.	44,865.		
c Accounting	65,500.		65,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	254,217.	235,549.	8,985.	9,683.
12 Advertising and promotion	67,418.	53,250.	14,168.	
13 Office expenses	57,710.	43,580.	8,418.	5,712.
14 Information technology				
15 Royalties				
16 Occupancy	1,450,228.	1,346,182.	68,265.	35,781.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	243,474.	243,474.		
21 Payments to affiliates	197,952.	197,952.		
22 Depreciation, depletion, and amortization	537,515.	432,568.	69,708.	35,239.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	1,524,643.	1,524,643.		
b MISCELLANEOUS	237,900.	146,805.	20,553.	70,542.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,689,794.	5,272,088.	713,821.	703,885.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,089,403.	1	1,183,269.
	2 Savings and temporary cash investments .....	1,275,253.	2	903,984.
	3 Pledges and grants receivable, net .....	646,108.	3	480,895.
	4 Accounts receivable, net .....	366,984.	4	395,652.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....	467,050.	7	30,083.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	135,480.	9	56,993.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 20,981,028.		
	b Less: accumulated depreciation .....	10b 9,712,558.		
	11 Investments - publicly traded securities .....	11,775,648.	10c	11,268,470.
	12 Investments - other securities. See Part IV, line 11 .....	328,759.	11	718,580.
	13 Investments - program-related. See Part IV, line 11 .....		12	
	14 Intangible assets .....		13	
	15 Other assets. See Part IV, line 11 .....		14	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,840,080.	15	1,384,944.	
	17,924,765.	16	16,422,870.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	540,453.	17	462,414.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	18,266,188.	23	18,267,085.
	24 Unsecured notes and loans payable to unrelated third parties .....	631,500.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	232,540.	25	175,095.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	19,670,681.	26	18,904,594.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions .....	-2,629,029.	27	-3,717,932.
	28 Net assets with donor restrictions .....	883,113.	28	1,236,208.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 <b>Total net assets or fund balances</b> .....	-1,745,916.	32	-2,481,724.
	33 <b>Total liabilities and net assets/fund balances</b> .....	17,924,765.	33	16,422,870.

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,716,151.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,689,794.
3	Revenue less expenses. Subtract line 2 from line 1	3	-973,643.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,745,916.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	237,835.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-2,481,724.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2021)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

2021

**Open to Public  
Inspection**

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.	
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s). \_\_\_\_\_

Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,301,704.	368,837.	2,085,675.	2,882,874.	2,979,592.	9,618,682.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,301,704.	368,837.	2,085,675.	2,882,874.	2,979,592.	9,618,682.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						681,601.
6 <b>Public support.</b> Subtract line 5 from line 4.						8,937,081.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,301,704.	368,837.	2,085,675.	2,882,874.	2,979,592.	9,618,682.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,792.	44,490.	30,904.	71,401.	32,539.	191,126.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						9,809,808.
12 Gross receipts from related activities, etc. (see instructions)					12	19,489,561.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	91.10	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.52	%
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including: (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV** Supporting Organizations *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.	
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.	
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).	
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>
<b>b</b>	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	<b>3a</b>
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number  
04-2875899

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	653,113.				
b Contributions	92,050.	653,113.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	745,163.	653,113.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 100.0000 %  
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,576,796.		1,576,796.
b Buildings		19,130,839.	9,706,921.	9,423,918.
c Leasehold improvements				
d Equipment		255,651.	5,637.	250,014.
e Other		17,742.		17,742.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,268,470.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	303,479.
(2) RESTRICTED DEPOSITS	907,025.
(3) INVESTMENT IN LLCs	174,440.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,384,944.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT LIABILITY	141,069.
(3) DUE TO AFFILIATES	34,026.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	175,095.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE MCGRATH HOMELESS PREVENTION ENDOWMENT FUND WAS ESTABLISHED IN 2020.

THE ORGANIZATION FOLLOWS THE MASSACHUSETTS ADOPTED VERSION OF THE UNIFORM PRUDENT MANAGEMENT INSTITUTIONAL FUNDS ACT (UPMIFA). SUBJECT TO THE INTENT OF A DONOR, THE ORGANIZATION MAY APPROPRIATE FOR EXPENDITURE OR ACCUMULATE SO MUCH OF AN ENDOWMENT FUND AS THE ORGANIZATION DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION FOR WHICH THE ENDOWMENT FUND IS ESTABLISHED. THE ASSETS IN AN ENDOWMENT FUND ARE DONOR-RESTRICTED ASSETS UNTIL APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION. THE ORGANIZATION IS IN THE PROCESS OF ESTABLISHING AN INVESTMENT AND SPENDING POLICY FOR ENDOWMENT ASSETS THAT AIM TO SAFEGUARD THE PURCHASING POWER OF THE ENDOWMENT PRINCIPAL, GENERATE AN ONGOING



**Part XIII** Supplemental Information (continued)

REVENUE SOURCE, AND PROVIDE FOR GROWTH OF THE INVESTMENT PRINCIPAL IN ACCORDANCE WITH UPMIFA.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2021. HOWEVER, THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2021

**Open to Public Inspection**

▶ Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number  
04-2875899

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b. If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 ANNUAL DINNER - VIR	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts .....	756,685.			756,685.
2 Less: Contributions .....	756,685.			756,685.
3 Gross income (line 1 minus line 2) .....				
<b>Direct Expenses</b>				
4 Cash prizes .....				
5 Noncash prizes .....				
6 Rent/facility costs .....				
7 Food and beverages .....				
8 Entertainment .....				
9 Other direct expenses .....	175,081.			175,081.
10 Direct expense summary. Add lines 4 through 9 in column (d) .....				175,081.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-175,081.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue .....				
<b>Direct Expenses</b>				
2 Cash prizes .....				
3 Noncash prizes .....				
4 Rent/facility costs .....				
5 Other direct expenses .....				
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities:

 a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number  
04-2875899

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	4a	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	5a	X
<b>b</b> Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	6a	X
<b>b</b> Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

VICTOR MARTINEZ WAS PAID SEVERENCE OF \$109,867.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number  
04-2875899

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BOSTON.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESIDENT SERVICES - CARITAS COMMUNITIES PROVIDES ON-SITE COMPREHENSIVE  
SUPPORTIVE SERVICES TO RESIDENTS IN NEED OF AN EXTRA HAND. OUR  
PROFESSIONAL RESIDENT SUPPORT STAFF ARE REGULARLY ON-SITE AT OUR HOUSES  
WITH THE AIM OF ESTABLISHING TRUSTING RELATIONSHIPS WITH RESIDENTS.  
THIS APPROACH ENABLES US TO HELP RESIDENTS IDENTIFY THEIR NEEDS AND THE  
CHALLENGES THEY ARE FACING, AND CONNECT THEM TO RESOURCES AND SERVICE  
PROVIDERS IN THE COMMUNITY.

EXPENSES \$ 102,028. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EMERGENCY RENTAL ASSISTANCE - BY PROVIDING EMERGENCY FUNDS TO COVER  
RENT DURING A TEMPORARY SETBACK, RESIDENTS WHO ARE SCARCELY MAKING ENDS  
MEET DO NOT HAVE TO FEAR LOSING THEIR HOME DUE TO A FEW DAYS OF MISSED  
WORK BECAUSE OF ILLNESS, REDUCED WORK HOURS OR OTHER CIRCUMSTANCES  
BEYOND THEIR CONTROL. THIS PROGRAM AIMS TO HELP KEEP TENANTS IN THEIR  
HOMES BY PROVIDING EMERGENCY FUNDS TO COVER THEIR RENT DURING A  
TEMPORARY FINANCIAL CRISIS. NINETY PERCENT OF GRANT RECIPIENTS  
RE-STABILIZE AND ARE ABLE TO RESUME REGULAR RENT PAYMENTS.

EXPENSES \$ 49,027. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING  
BODY.

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

FORM 990, PART VI, SECTION B, LINE 11B:

THE OUTSIDE CPA FIRM WHO PERFORMS AN AUDIT OF THE FINANCIAL STATEMENTS PREPARES THE FORM 990 WITH INPUT PROVIDED BY THE CARITAS CHIEF FINANCIAL OFFICER. THE COMPLETE FORM 990 IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER AND IS MADE AVAILABLE TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS FOR REVIEW. A COPY WILL BE FURNISHED TO EACH DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SIGN OFF OF THE POTENTIAL CONFLICT OF INTEREST FORM IS GENERALLY MADE EACH YEAR BY EACH MEMBER OF THE CARITAS COMMUNITIES BOARD OF DIRECTORS AND SENIOR MANAGEMENT AND IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 15:

AT THE DECEMBER MEETING EACH YEAR THE FULL BOARD OF DIRECTORS MEETS WITH THE AUDIT AND FINANCE COMMITTEE TO CONSIDER THE PLANNED COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE TREASURER/COO WITH ALL INDIVIDUALS ABSENT FROM THE MEETING. PRIOR THERETO THE CHAIRMAN OF THE FINANCE AND AUDIT COMMITTEE DISCUSSES SALARY INFORMATION OBTAINED FROM OUR INDEPENDENT AUDITING FIRM REGARDING SALARIES PAID TO EXECUTIVE DIRECTORS AND TREASURERS IN COMPARABLE ORGANIZATIONS. THE AUDIT AND FINANCE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD WHO DISCUSSES AND VOTES ON THE COMPENSATION OF THESE TWO INDIVIDUALS FOR THE COMING YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

EACH YEAR CARITAS COMMUNITIES INC. PREPARES A CONSOLIDATED ANNUAL REPORT. APPROXIMATELY 2500 COPIES OF THIS ANNUAL REPORT ARE MAILED TO SUPPORTERS AND LENDERS OF CARITAS COMMUNITIES INC. AND SUBSIDIARIES. THIS REPORT

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

INCLUDES THE NAMES OF THE MEMBERS OF THE BOARD OF DIRECTORS, NAMES OF OFFICE AND SITE PERSONNEL, ANNUAL INCOME AND EXPENSE SUMMARY, STATUS OF PROJECTS, AND LISTING OF THE ROOMING HOUSES AND LENDING ORGANIZATIONS. IN ADDITION, EACH YEAR THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF CARITAS COMMUNITIES INC. AND SUBSIDIARIES ARE EXAMINED BY A CPA FIRM AND ARE DISTRIBUTED TO OVER 20 LENDING INSTITUTIONS. OTHER GOVERNANCE DOCUMENTS AND CONFLICT OF INTEREST REPORTING FORMS ARE GENERALLY CONSIDERED TO BE INTERNAL DOCUMENTS AND ARE NOT USUALLY DISTRIBUTED TO THE GENERAL PUBLIC BUT MAY BE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

IMPAIRMENT OF INVESTMENT IN LLCS	-5,532.
PAYMENT ON ACCRUED INTEREST OF SELLER NOTE	243,367.
TOTAL TO FORM 990, PART XI, LINE 9	237,835.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

CMB No. 1545-0047  
**2021**  
Open to Public  
Inspection

Name of the organization

**CARITAS COMMUNITIES, INC.**

Employer identification number  
**04-2875899**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ALASKA HOUSING LLC - 26-0801247					
25 BRAINTREE HILL OFFICE PARK					
BRAINTREE, MA 02184		MASSACHUSETTS	141,498.	2,484,686.	CARITAS COMMUNITIES
CARITAS WORCESTER HOUSE LLC - 30-0600117					
25 BRAINTREE HILL OFFICE PARK					
BRAINTREE, MA 02184		MASSACHUSETTS	127,247.	1,827,616.	CARITAS COMMUNITIES
PARKVIEW HOUSING LLC - 27-1632866					
25 BRAINTREE HILL OFFICE PARK					
BRAINTREE, MA 02184		MASSACHUSETTS	501,778.	818,223.	CARITAS COMMUNITIES
206 WEST BROADWAY MANAGER LLC - 04-2875899					
25 BRAINTREE HILL OFFICE PARK					
BRAINTREE, MA 02184		MASSACHUSETTS	0.	0.	CARITAS COMMUNITIES

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
BEDFORD VETERANS QUARTERS INC. - 56-2597881						
25 BRAINTREE HILL OFFICE PARK						
BRAINTREE, MA 02184		MASSACHUSETTS	501(C)(3)	LINE 10	CARITAS COMMUNITIES, INC.	X
SEAN BROOK HOUSE INC. - 61-1572201						
25 BRAINTREE HILL OFFICE PARK						
BRAINTREE, MA 02184		MASSACHUSETTS	501(C)(3)	LINE 10	CARITAS COMMUNITIES, INC.	X
CARITAS COMMUNITY HOLDINGS INC. - 81-3571004						
25 BRAINTREE HILL OFFICE PARK						
BRAINTREE, MA 02184		MASSACHUSETTS	501(C)(3)	LINE 10	CARITAS COMMUNITIES, INC.	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
ONE LENOX LP - 20-2801956	AFFORDABLE HOUSING	MA	ONE LENOX STREET CORPORATION	N/A	-183,925.	2,170,143.	X	N/A	X	99.99%
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	820 SRO MM, LLC	N/A			X	N/A	X	
820 SRO LLC - 80-0726713	AFFORDABLE HOUSING	MA	CARITAS PROJECT PLACE CORTES CORPES MEMBER LLC - 47-1177120, 25	N/A			X	N/A	X	
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	206 WEST BROADWAY MANAGER LLC	N/A	-40,099.	2,845,818.	X	N/A	X	50.00%
206 WEST LLC - 82-0985938 273 D STREET BOSTON, MA 02127	AFFORDABLE HOUSING	MA								

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
17 ROOMS CORPORATION - 04-3527738			CARITAS COMMUNITIES INC.	C CORP	-273,017.	1,669,561.	100.00%	X
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	CARITAS COMMUNITIES INC.	C CORP	-24.	0.	50.00%	X
820 SRO MM, LLC - 45-3111023	AFFORDABLE HOUSING	MA	CARITAS COMMUNITIES INC.	C CORP	-17.	100.	100.00%	X
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	CARITAS COMMUNITIES INC.	C CORP	-17.	0.	79.00%	X
ONE LENOX STREET CORPORATION - 20-2802439	AFFORDABLE HOUSING	MA	CARITAS COMMUNITIES INC.	C CORP	0.	50.00%		X
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	CARITAS COMMUNITIES INC.	C CORP	0.	50.00%		X
47-1905004, 25 BRAINTREE HILL OFFICE PARK, BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	CARITAS COMMUNITIES INC.	C CORP	0.	50.00%		X
O'CONNOR SENIOR HOUSING MANAGER LLC - 86-2591254, 273 D STREET, BOSTON, MA 02127	AFFORDABLE HOUSING	MA	SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT	C CORP	0.	50.00%		X

SEE PART VII FOR CONTINUATIONS

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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1a</b>	<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	<b>X</b>

<b>f</b> Dividends from related organization(s)	<b>1f</b>	<b>X</b>
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	<b>X</b>
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	<b>X</b>
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEDFORD VETERANS QUARTERS INC.	D	269,898.FMV	
(2) BEDFORD VETERANS QUARTERS INC.	O	457,336.FMV	
(3) SEAN BROOK HOUSE INC.	E	62,714.FMV	
(4) CARITAS COMMUNITIES HOLDINGS INC.	D	2,599,125.FMV	
(5) CARITAS COMMUNITIES HOLDINGS INC.	O	600,019.FMV	
(6) CARITAS COMMUNITIES HOLDINGS INC.	L	120,513.FMV	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) CARITAS COMMUNITIES HOLDINGS INC.	B	81,687.FMV	
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME OF RELATED ORGANIZATION:

CARITAS PROJECT PLACE CORTES LLC

DIRECT CONTROLLING ENTITY: CARITAS PROJECT PLACE CORTES MEMBER LLC

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

O'CONNOR SENIOR HOUSING MANAGER LLC

DIRECT CONTROLLING ENTITY: SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT  
CORPORATION

NAME OF RELATED ORGANIZATION:

SBVH MANAGER LLC

DIRECT CONTROLLING ENTITY: SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT  
CORPORATION

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

- File a separate application for each return.
- Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CARITAS COMMUNITIES, INC.</b>	Taxpayer identification number (TIN) <b>04-2875899</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>25 BRAINTREE HILL OFFICE PK, 206</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRAINTREE, MA 02184</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**KARIN CASSEL - 25 BRAINTREE HILL OFFICE PARK, #206 -**

- The books are in the care of ► **BRAINTREE, MA 02184**

Telephone No. ► **781-843-1242**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2021** or

► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO NOVEMBER 15, 2023

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
Inspection

<b>A</b> For the 2022 calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>CARITAS COMMUNITIES, INC.</b>		<b>D</b> Employer identification number  <b>04-2875899</b>
	Doing business as		<b>E</b> Telephone number  <b>781-843-1242</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>25 BRAINTREE HILL OFFICE PK</b>	<b>206</b>	<b>G</b> Gross receipts \$ <b>4,590,860.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BRAINTREE, MA 02184</b>		
	<b>F</b> Name and address of principal officer: <b>FRANK CONNELL</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.CARITASCOMMUNITIES.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1985</b>	<b>M</b> State of legal domicile: <b>MA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HOMELESSNESS PREVENTION THROUGH HOUSING WITH SUPPORT FOR VERY LOW INCOME INDIVIDUALS IN GREATER</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>85</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>217</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,265,264.</b>	<b>1,175,458.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,590,313.</b>	<b>3,240,208.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>32,539.</b>	<b>33,745.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-171,965.</b>	<b>141,449.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,716,151.</b>	<b>4,590,860.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>2,008,372.</b>	<b>1,774,044.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,681,422.</b>	<b>3,970,681.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>6,689,794.</b>	<b>5,744,725.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-973,643.</b>	<b>-1,153,865.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>16,422,870.</b>	<b>17,370,554.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>18,904,594.</b>	<b>21,006,143.</b>	
		<b>-2,481,724.</b>	<b>-3,635,589.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>FRANK CONNELL, INTERIM EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MATTHEW TROIANO, CPA</b>	<b>MATTHEW TROIANO, CPA</b>	<b>02/14/24</b>		<b>P01263939</b>
	Firm's name	Firm's EIN			
	<b>AAFPCAS, INC.</b>	<b>04-2571780</b>			
	Firm's address	Phone no.			
	<b>50 WASHINGTON STREET</b> <b>WESTBOROUGH, MA 01581</b>	<b>508-366-9100</b>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

1 Briefly describe the organization's mission:

AT CARITAS COMMUNITIES, WE PREVENT HOMELESSNESS BY PROVIDING VERY LOW INCOME INDIVIDUALS WITH PERMANENT HOUSING, SUPPORT, SENSE OF COMMUNITY, AND EXPANDED OPPORTUNITIES. FOR OVER 35 YEARS, CARITAS HAS HELPED FILL THE NEED FOR SAFE, SECURE HOUSING IN GREATER BOSTON.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,744,725. including grants of \$ ) (Revenue \$ 918,512.)  
 PROPERTY MANAGEMENT & REAL ESTATE DEVELOPMENT - CARITAS COMMUNITIES, INC. SERVES AS THE REAL ESTATE DEVELOPER AND PROPERTY MANAGER OF ALL OF ITS 30 BUILDINGS LOCATED IN 14 GREATER BOSTON COMMUNITIES, AND HAS SERVED AS A CO-DEVELOPER OF THREE ADDITIONAL AFFORDABLE HOUSING PROJECTS LOCATED IN SOUTH BOSTON. CARITAS COMMUNITIES, INC. UNDERSTANDS THE IMPORTANCE OF STABLE, SAFE, AND QUALITY HOUSING AND BY SERVING AS THE DEVELOPER AND PROPERTY MANAGER OF ITS RENTAL HOUSING, CARITAS COMMUNITIES, INC. IS ABLE TO ENSURE ITS HOUSING MAINTAINS THE STANDARD OF EXCELLENCE ITS RESIDENTS DESERVE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 2,463,145.)  
 RENTAL HOUSING - CARITAS COMMUNITIES, INC. PROVIDES PERMANENT HOMES TO MORE THAN 1,000 VERY LOW-INCOME INDIVIDUALS. FOR OVER 33 YEARS, CARITAS HAS HELPED FILL THE NEED FOR AFFORDABLE, SAFE, SECURE HOUSING IN GREATER BOSTON. WE PREVENT HOMELESSNESS AND STABILIZE NEIGHBORHOODS. CARITAS COMMUNITIES, INC. PRIDES ITSELF ON PROVIDING SAFE, WELL MAINTAINED, STABLE HOUSING. EACH HOUSE IS SUPERVISED BY A LIVE-IN RESIDENT MANAGER RESPONSIBLE FOR THE WELL-BEING OF THE RESIDENTS AND THE UPKEEP OF THE PROPERTY. THE CARITAS MODEL CREATES SUSTAINABLE PROPERTIES THAT LESSEN THE NEED FOR HOMELESS SHELTERS. WE MAKE IT POSSIBLE FOR OUR RESIDENTS TO HAVE A PERMANENT HOME, AND TO MAINTAIN DIGNITY AND STABILITY IN THEIR LIVES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 HEALTHY RESIDENTS - CARITAS DEVELOPED THE HEALTHY RESIDENT PROGRAM TO HELP HEAL THE OUTCOMES OF POVERTY AND HOMELESSNESS THAT RESULT IN ISOLATION, DISTRUST, DEPRESSION AND POOR HEALTH. CARITAS' HEALTHY RESIDENT PROGRAM ENCOMPASSES FREE Y MEMBERSHIPS, COMMUNITY MEALS, OPEN ART WORKSHOPS, WRITING WORKSHOPS, BUDGET WORKSHOPS AND LIBRARIES IN OUR HOMES, ALL INTENDED TO PROVIDE CARITAS RESIDENTS WITH OPPORTUNITIES TO CONNECT WITH OTHERS AND PARTICIPATE IN ACTIVITIES THAT FACILITATE PHYSICAL AND MENTAL WELLNESS AND SOCIAL BELONGING.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,744,725.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float:right">2a 85</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float:right">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float:right">11a</span>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float:right">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float:right">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	



**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	16			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
11b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
15a		
b Other officers or key employees of the organization	X	
15b		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **MA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

**FRANK CONNELL - 781-843-1242**

**25 BRAINTREE HILL OFFICE PARK, #206, BRAINTREE, MA 02184**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KARIN CASSEL EXECUTIVE DIRECTOR	35.00 7.50			X				216,270.	0.	18,720.
(2) THOMAS NEE SENIOR OPERATIONS DIRECTOR	35.00 7.50				X			144,163.	0.	27,863.
(3) VERNELL CLOUDEN-DUVAL DIRECTOR OF FUNDRAISING	35.00 7.50				X			122,500.	0.	19,796.
(4) GREGORY RITTCHEN DIRECTOR OF REAL ESTATE ASSETS	35.00 7.50				X			133,442.	0.	8,098.
(5) MICHAEL C LEE CHIEF FINANCE OFFICER	35.00 7.50			X				129,231.	0.	3,692.
(6) BILL CHURCHILL CHAIRMAN	0.80 0.30	X		X				0.	0.	0.
(7) ROBERLYNE CHERFILS VICE CHAIR	0.80 0.30	X		X				0.	0.	0.
(8) ROBERT MAULDEN TREASURER	0.80 0.30	X		X				0.	0.	0.
(9) MAURA MURPHY CLERK	0.80 0.30	X		X				0.	0.	0.
(10) MICHAEL BINETTE DIRECTOR	0.80 0.30	X						0.	0.	0.
(11) YASMINE BOUHRARA DIRECTOR	0.80 0.30	X						0.	0.	0.
(12) JOHN BRENNAN III DIRECTOR	0.80 0.30	X						0.	0.	0.
(13) KATIE CATLENDER DIRECTOR	0.80 0.30	X						0.	0.	0.
(14) R. DUANE CLARK II DIRECTOR	0.80 0.30	X						0.	0.	0.
(15) TIM CORCORAN DIRECTOR	0.80 0.30	X						0.	0.	0.
(16) OLIVIA GOUGH DIRECTOR	0.80 0.30	X						0.	0.	0.
(17) DAVID GREENBLATT DIRECTOR	0.80 0.30	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DARSHI DUPEE DIRECTOR	0.80 0.30	X						0.	0.	0.
(19) WILLIAM MCLAUGHLIN DIRECTOR	0.80 0.30	X						0.	0.	0.
(20) KEVIN O'FLAHERTY, ESQ. DIRECTOR	0.80 0.30	X						0.	0.	0.
(21) TOM PALMER DIRECTOR	0.80 0.30	X						0.	0.	0.
(22) TRISHA DALEY DIRECTOR (UNTIL 6/2022)	0.80 0.30	X						0.	0.	0.
<b>1b Subtotal</b>								745,606.	0.	78,169.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								745,606.	0.	78,169.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5

- 3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,175,458.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	<b>Total.</b> Add lines 1a-1f .....		1,175,458.			
Program Service Revenue	2 a	RENTAL INCOME	Business Code 531190	2,463,145.	2,463,145.		
	b	MANAGEMENT FEE	531190	777,063.	777,063.		
	c						
	d						
	e						
	f	All other program service revenue .....					
	g	<b>Total.</b> Add lines 2a-2f .....		3,240,208.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		33,745.		
4		Income from investment of tax-exempt bond proceeds .....					
5		Royalties .....					
6 a		Gross rents .....	(i) Real (ii) Personal				
b		Less: rental expenses ...					
c		Rental income or (loss) .....					
d		Net rental income or (loss) .....					
7 a		Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses .....					
c		Gain or (loss) .....					
d		Net gain or (loss) .....					
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
b		Less: direct expenses .....					
c		Net income or (loss) from fundraising events .....					
9 a		Gross income from gaming activities. See Part IV, line 19 .....					
b		Less: direct expenses .....					
c		Net income or (loss) from gaming activities .....					
10 a		Gross sales of inventory, less returns and allowances .....					
b	Less: cost of goods sold .....						
c	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	141,449.	141,449.		
	b						
	c						
	d	All other revenue .....					
	e	<b>Total.</b> Add lines 11a-11d .....		141,449.			
	12	<b>Total revenue.</b> See instructions .....		4,590,860.	3,381,657.	0.	33,745.

**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	367,913.	367,913.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,406,131.	1,406,131.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,259,456.	1,259,456.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	162,158.	162,158.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	552,880.	552,880.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>ADMIN EXPENSES</b>	915,099.	915,099.		
b <b>MANAGEMENT FEES</b>	417,962.	417,962.		
c <b>BAD DEBTS</b>	332,039.	332,039.		
d <b>MISCELLANEOUS</b>	226,097.	226,097.		
e All other expenses	104,990.	104,990.		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,744,725.	5,744,725.	0.	0.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,183,269.	1	587,254.
	2 Savings and temporary cash investments .....	903,984.	2	37,584.
	3 Pledges and grants receivable, net .....	480,895.	3	101,170.
	4 Accounts receivable, net .....	395,652.	4	291,664.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....	30,083.	7	1,025,850.
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	56,993.	9	410,786.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 21,558,360.		
	b Less: accumulated depreciation .....	10b 10,407,612.		
		11,268,470.	10c	11,150,748.
	11 Investments - publicly traded securities .....	718,580.	11	
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	1,384,944.	15	3,765,498.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	16,422,870.	16	17,370,554.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	462,414.	17	2,770,400.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	18,267,085.	23	16,906,399.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	175,095.	25	1,329,344.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	18,904,594.	26	21,006,143.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
27 Net assets without donor restrictions .....		-3,717,932.	27	-5,003,828.
28 Net assets with donor restrictions .....		1,236,208.	28	1,368,239.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
29 Capital stock or trust principal, or current funds .....			29	
30 Paid-in or capital surplus, or land, building, or equipment fund .....			30	
31 Retained earnings, endowment, accumulated income, or other funds .....			31	
32 <b>Total net assets or fund balances</b> .....		-2,481,724.	32	-3,635,589.
33 <b>Total liabilities and net assets/fund balances</b> .....	16,422,870.	33	17,370,554.	

Form 990 (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,590,860.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,744,725.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,153,865.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,481,724.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-3,635,589.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	368,837.	2085675.	2882874.	2979592.	1175458.	9492436.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	368,837.	2085675.	2882874.	2979592.	1175458.	9492436.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						692,031.
6 <b>Public support.</b> Subtract line 5 from line 4.						8800405.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	368,837.	2085675.	2882874.	2979592.	1175458.	9492436.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	44,490.	30,904.	71,401.	32,539.	33,745.	213,079.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						9705515.
12 Gross receipts from related activities, etc. (see instructions)					12	18,149,678.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	90.67	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	91.10	%
16a <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		

**3 Parent of Supported Organizations. Answer lines 3a and 3b below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

**Section B - Minimum Asset Amount**

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

**Section C - Distributable Amount**

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

FORM 990

REASONABLE CAUSE FOR LATE FILING

STATEMENT 1

THE IRS POSTPONED TAX-FILEING DEADLINES FOR TAXPAYERS WHO RESIDE OR HAVE A BUSINESS IN THE HURRICANE LEE DISASTER AREA. THIS ORGANIZATION QUALIFIES FOR THE 2/15 EXTENSION AND SHOULD BE CONSIDERED FILED TIMELY.



**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
(ii) Assets included in Form 990, Part X .....	\$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	745,163.	653,113.			
b Contributions		92,050.	653,113.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	745,163.	745,163.	653,113.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %  
 b Permanent endowment \_\_\_\_\_ %  
 c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations \_\_\_\_\_  
 (ii) Related organizations \_\_\_\_\_

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,576,796.		1,576,796.
b Buildings		19,736,051.	10,282,998.	9,453,053.
c Leasehold improvements				
d Equipment		227,771.	124,614.	103,157.
e Other		17,742.		17,742.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,150,748.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,017,858.
(2) RESTRICTED DEPOSITS	1,067,134.
(3) INVESTMENT IN LLCs	982,516.
(4) ROU OFFICE LEASE	697,990.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,765,498.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSIT LIABILITY	164,167.
(3) DUE TO AFFILIATES	413,794.
(4) LEASE LIABILITY	751,383.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,329,344.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

THE MCGRATH HOMELESS PREVENTION ENDOWMENT FUND WAS ESTABLISHED IN 2020.

THE ORGANIZATION FOLLOWS THE MASSACHUSETTS ADOPTED VERSION OF THE UNIFORM PRUDENT MANAGEMENT INSTITUTIONAL FUNDS ACT (UPMIFA). SUBJECT TO THE INTENT OF A DONOR, THE ORGANIZATION MAY APPROPRIATE FOR EXPENDITURE OR ACCUMULATE SO MUCH OF AN ENDOWMENT FUND AS THE ORGANIZATION DETERMINES IS PRUDENT FOR THE USES, BENEFITS, PURPOSES, AND DURATION FOR WHICH THE ENDOWMENT FUND IS ESTABLISHED. THE ASSETS IN AN ENDOWMENT FUND ARE DONOR-RESTRICTED ASSETS UNTIL APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION. THE ORGANIZATION IS IN THE PROCESS OF ESTABLISHING AN INVESTMENT AND SPENDING POLICY FOR ENDOWMENT ASSETS THAT AIM TO SAFEGUARD THE PURCHASING POWER OF THE ENDOWMENT PRINCIPAL, GENERATE AN ONGOING

**Part XIII** Supplemental Information *(continued)*

REVENUE SOURCE, AND PROVIDE FOR GROWTH OF THE INVESTMENT PRINCIPAL IN  
ACCORDANCE WITH UPMIFA.

## PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE  
WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR  
UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND  
MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX  
POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION  
HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR  
EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT DECEMBER  
31, 2022. HOWEVER, THE ORGANIZATION'S INFORMATION RETURNS ARE SUBJECT TO  
EXAMINATION BY THE APPROPRIATE JURISDICTIONS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number  
04-2875899

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input type="checkbox"/> First-class or charter travel</p> <p><input type="checkbox"/> Travel for companions</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments</p> <p><input type="checkbox"/> Discretionary spending account</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</p> </div> </div>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p><input checked="" type="checkbox"/> Compensation committee</p> <p><input type="checkbox"/> Independent compensation consultant</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p> </div> </div>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	X
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	<b>4b</b>	X
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization?</p>	<b>5a</b>	X
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization?</p>	<b>6a</b>	X
<p><b>b</b> Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	X
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	X
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KARIN CASSEL EXECUTIVE DIRECTOR	(i)	216,270.	0.	0.	5,708.	13,012.	234,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) THOMAS NEE SENIOR OPERATIONS DIRECTOR	(i)	144,163.	0.	0.	3,650.	24,213.	172,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number  
04-2875899

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BOSTON.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESIDENT SERVICES - CARITAS COMMUNITIES PROVIDES ON-SITE COMPREHENSIVE  
SUPPORTIVE SERVICES TO RESIDENTS IN NEED OF AN EXTRA HAND. OUR  
PROFESSIONAL RESIDENT SUPPORT STAFF ARE REGULARLY ON-SITE AT OUR HOUSES  
WITH THE AIM OF ESTABLISHING TRUSTING RELATIONSHIPS WITH RESIDENTS.  
THIS APPROACH ENABLES US TO HELP RESIDENTS IDENTIFY THEIR NEEDS AND THE  
CHALLENGES THEY ARE FACING, AND CONNECT THEM TO RESOURCES AND SERVICE  
PROVIDERS IN THE COMMUNITY.

EMERGENCY RENTAL ASSISTANCE - BY PROVIDING EMERGENCY FUNDS TO COVER  
RENT DURING A TEMPORARY SETBACK, RESIDENTS WHO ARE SCARCELY MAKING ENDS  
MEET DO NOT HAVE TO FEAR LOSING THEIR HOME DUE TO A FEW DAYS OF MISSED  
WORK BECAUSE OF ILLNESS, REDUCED WORK HOURS OR OTHER CIRCUMSTANCES  
BEYOND THEIR CONTROL. THIS PROGRAM AIMS TO HELP KEEP TENANTS IN THEIR  
HOMES BY PROVIDING EMERGENCY FUNDS TO COVER THEIR RENT DURING A  
TEMPORARY FINANCIAL CRISIS. NINETY PERCENT OF GRANT RECIPIENTS  
RE-STABILIZE AND ARE ABLE TO RESUME REGULAR RENT PAYMENTS.

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING  
BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

THE OUTSIDE CPA FIRM WHO PERFORMS AN AUDIT OF THE FINANCIAL STATEMENTS PREPARES THE FORM 990 WITH INPUT PROVIDED BY THE CARITAS CHIEF FINANCIAL OFFICER. THE COMPLETE FORM 990 IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER AND IS MADE AVAILABLE TO THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS FOR REVIEW. A COPY WILL BE FURNISHED TO EACH DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SIGN OFF OF THE POTENTIAL CONFLICT OF INTEREST FORM IS GENERALLY MADE EACH YEAR BY EACH MEMBER OF THE CARITAS COMMUNITIES BOARD OF DIRECTORS AND SENIOR MANAGEMENT AND IS THEN REVIEWED BY THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 15:

AT THE DECEMBER MEETING EACH YEAR THE FULL BOARD OF DIRECTORS MEETS WITH THE AUDIT AND FINANCE COMMITTEE TO CONSIDER THE PLANNED COMPENSATION OF THE EXECUTIVE DIRECTOR AND THE TREASURER/COO WITH ALL INDIVIDUALS ABSENT FROM THE MEETING. PRIOR THERETO THE CHAIRMAN OF THE FINANCE AND AUDIT COMMITTEE DISCUSSES SALARY INFORMATION OBTAINED FROM OUR INDEPENDENT AUDITING FIRM REGARDING SALARIES PAID TO EXECUTIVE DIRECTORS AND TREASURERS IN COMPARABLE ORGANIZATIONS. THE AUDIT AND FINANCE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD WHO DISCUSSES AND VOTES ON THE COMPENSATION OF THESE TWO INDIVIDUALS FOR THE COMING YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

EACH YEAR CARITAS COMMUNITIES INC. PREPARES A CONSOLIDATED ANNUAL REPORT. APPROXIMATELY 2500 COPIES OF THIS ANNUAL REPORT ARE MAILED TO SUPPORTERS AND LENDERS OF CARITAS COMMUNITIES INC. AND SUBSIDIARIES. THIS REPORT INCLUDES THE NAMES OF THE MEMBERS OF THE BOARD OF DIRECTORS, NAMES OF OFFICE AND SITE PERSONNEL, ANNUAL INCOME AND EXPENSE SUMMARY, STATUS OF

Name of the organization

CARITAS COMMUNITIES, INC.

Employer identification number

04-2875899

PROJECTS, AND LISTING OF THE ROOMING HOUSES AND LENDING ORGANIZATIONS. IN  
ADDITION, EACH YEAR THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF  
CARITAS COMMUNITIES INC. AND SUBSIDIARIES ARE EXAMINED BY A CPA FIRM AND  
ARE DISTRIBUTED TO OVER 20 LENDING INSTITUTIONS. OTHER GOVERNANCE  
DOCUMENTS AND CONFLICT OF INTEREST REPORTING FORMS ARE GENERALLY CONSIDERED  
TO BE INTERNAL DOCUMENTS AND ARE NOT USUALLY DISTRIBUTED TO THE GENERAL  
PUBLIC BUT MAY BE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public  
Inspection

Name of the organization

**CARITAS COMMUNITIES, INC.**

Employer identification number  
**04-2875899**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ALASKA HOUSING LLC - 26-0801247					
25 BRAINTREE HILL OFFICE PARK					CARITAS COMMUNITIES INC.
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS			
CARITAS WORCESTER HOUSE LLC - 30-0600117					
25 BRAINTREE HILL OFFICE PARK					CARITAS COMMUNITIES INC.
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS			
PARKVIEW HOUSING LLC - 27-1632866					
25 BRAINTREE HILL OFFICE PARK					CARITAS COMMUNITIES INC.
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS			
206 WEST BROADWAY MANAGER LLC - 04-2875899					
25 BRAINTREE HILL OFFICE PARK					CARITAS COMMUNITIES INC.
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS			

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
BEDFORD VETERANS QUARTERS INC. - 56-2597881						Yes
25 BRAINTREE HILL OFFICE PARK						No
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 10	CARITAS COMMUNITIES, INC.	X
SEAN BROOK HOUSE INC. - 61-1572201						
25 BRAINTREE HILL OFFICE PARK						
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 10	CARITAS COMMUNITIES, INC.	X
CARITAS COMMUNITY HOLDINGS INC. - 81-3571004						
25 BRAINTREE HILL OFFICE PARK						
BRAINTREE, MA 02184	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 10	CARITAS COMMUNITIES, INC.	X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ONE LENOX LP - 20-2801956			ONE LENOX STREET									
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	CORPORATION	N/A					N/A		X	99.99%
820 SRO LLC - 80-0726713												
25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	820 SRO MA, LLC	N/A					N/A		X	
CARITAS PROJECT PLACE CORTES LLC - 47-1177120, 25			CARITAS PROJECT PLACE CORTES MEMBER									
BRAINTREE HILL OFFICE PARK, BRAINTREE, MA 02184	AFFORDABLE HOUSING	MA	LLC	N/A					N/A		X	
206 WEST LLC - 82-0985938			206 WEST BROADWAY									
273 D STREET BOSTON, MA 02127	AFFORDABLE HOUSING	MA	MANAGER LLC	N/A					N/A		X	50.00%

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
17 ROOMS CORPORATION - 04-3527738			CARITAS COMMUNITIES						
25 BRAINTREE HILL OFFICE PARK			CARITAS COMMUNITIES						
BRAINTREE, MA 02184		MA	CARITAS INC.	C CORP			100%	X	
820 SHO MM, LLC - 45-3111023			CARITAS COMMUNITIES						
25 BRAINTREE HILL OFFICE PARK			CARITAS COMMUNITIES						
BRAINTREE, MA 02184		MA	CARITAS INC.	C CORP			50.00%		X
ONE LENOX STREET CORPORATION - 20-2802439			CARITAS COMMUNITIES						
25 BRAINTREE HILL OFFICE PARK			CARITAS COMMUNITIES						
BRAINTREE, MA 02184		MA	CARITAS INC.	C CORP			100%	X	
CARITAS PROJECT PLACE CORTES MM LLC -			CARITAS COMMUNITIES						
47-1905004, 25 BRAINTREE HILL OFFICE PARK,			CARITAS COMMUNITIES						
BRAINTREE, MA 02184		MA	CARITAS INC.	C CORP			79.00%	X	
O'CONNOR SENIOR HOUSING MANAGER LLC -									
86-2591254, 273 D STREET, BOSTON, MA 02127	AFFORDABLE HOUSING	MA	SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT	C CORP			50.00%		X



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

				Yes	No
				1a	1b
				1c	1d
				1e	1f
				1g	1h
				1i	1j
				1k	1l
				1m	1n
				1o	1p
				1q	1r
				1s	1t
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

NAME OF RELATED ORGANIZATION:

CARITAS PROJECT PLACE CORTES LLC

DIRECT CONTROLLING ENTITY: CARITAS PROJECT PLACE CORTES MEMBER LLC

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

O'CONNOR SENIOR HOUSING MANAGER LLC

DIRECT CONTROLLING ENTITY: SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT  
CORPORATION

NAME OF RELATED ORGANIZATION:

SBVH MANAGER LLC

DIRECT CONTROLLING ENTITY: SOUTH BOSTON NEIGHBORHOOD DEVELOPMENT  
CORPORATION

# Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

- File a separate application for each return.  
► Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CARITAS COMMUNITIES, INC.</b>	Taxpayer identification number (TIN) <b>04-2875899</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>25 BRAINTREE HILL OFFICE PK, 206</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRAINTREE, MA 02184</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**FRANK CONNELL - 25 BRAINTREE HILL OFFICE PARK, #206 -**

- The books are in the care of ► **BRAINTREE, MA 02184**

Telephone No. ► **781-843-1242**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐   
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2022** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)



ROM Budget

**PROJECT:** Caritas - Dolan Hall Fernald School  
**ADDRESS:** 190 Trapelo Rd  
 Waltham, MA  
**ARCHITECT:** TBD  
**PROJECT NO:** TBD  
**ESTIMATOR:** JDM

**PLAN DATE:** NA  
**DATE:** 6/13/24  
**SIZE/GSF:** 15,252

		FINAL PRICING	
CSI #	TRADE ITEM	VALUE	COST/RSF
01-111900	FINAL CLEANING	\$22,878	\$1.50
02-411900	DEMOLITION / ABATEMENT	\$183,024	\$12.00
03-305300	CONCRETE	\$152,520	\$10.00
03-354300	GYPCRETE	\$68,634	\$4.50
04-200000	MASONRY BRICK / BLOCK	\$533,820	\$35.00
05-100000	STRUCTURAL STEEL / MISC. METALS	\$122,016	\$8.00
06-100000	ROUGH CARPENTRY	\$76,260	\$5.00
06-100000	WOOD FRAMING & SIDING	\$152,520	\$10.00
06-400000	MILLWORK / CASEWORK	\$381,300	\$25.00
07-200000	INSULATION	\$61,008	\$4.00
07-500000	MEMBRANE ROOFING	\$244,032	\$16.00
07-810000	WATERPROOFING & SEALANTS	\$61,008	\$4.00
08-100000	DOORS, FRAMES & HARDWARE	\$183,024	\$12.00
08-410000	WINDOWS	\$228,780	\$15.00
08-800000	GLASS & GLAZING	\$122,016	\$8.00
09-200000	GYPSUM DRYWALL	\$793,104	\$52.00
09-600000	CARPET, RESILIENT & WOOD FLOORING	\$198,276	\$13.00
09-900000	PAINT	\$68,634	\$4.50
10-100000	SPECIALTIES	\$53,382	\$3.50
11-300000	APPLIANCES	\$53,382	\$3.50
12-200000	WINDOW TREATMENT	\$30,504	\$2.00
14-200000	ELEVATOR	\$205,902	\$13.50
21-130000	FIRE PROTECTION	\$152,520	\$10.00
22-300100	PLUMBING	\$686,340	\$45.00
23-000100	HVAC	\$991,380	\$65.00
26-000100	ELECTRICAL	\$686,340	\$45.00
31-000100	SITE PREP - EXCAVATION	\$457,560	\$30.00
32-900000	LANDSCAPING	\$152,520	\$10.00
80-000000	PROJECT REQUIREMENTS	\$457,560	\$30.00

<b>TOTAL DIRECT COSTS</b>	<b>\$7,580,244</b>	<b>\$497.00</b>
GENERAL CONDITIONS	\$650,000	
PRECONSTRUCTION	\$75,000	
BUILDING PERMITS (\$22/\$1000)	\$182,715	
BUILDERS RISK INSURANCE	BY OWNER	
GENERAL LIABILITY & PROPERTY DAMAGE (GLPD)	\$127,319	
GENERAL CONTRACTOR BOND	NIC	
CONSTRUCTION CONTINGENCY	\$301,535	
CONSTRUCTION MANAGER'S FEE	\$267,504	

<b>TOTAL PROJECT (MID RANGE)</b>	<b>\$9,184,318</b>	<b>\$602.17</b>
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<b>Expected Range</b>	<b>\$8,265,886</b>	<b>TO</b>	<b>\$10,102,750</b>
	<b>\$542</b>	<b>TO</b>	<b>\$662</b>

[https://primavera.oraclecloud.com/web/p/schedule\\_activity?ctx=1249617&app=schedule\\_management&selectedItem=GROUP\\_cs\\_1517706\\_WBS](https://primavera.oraclecloud.com/web/p/schedule_activity?ctx=1249617&app=schedule_management&selectedItem=GROUP_cs_1517706_WBS)

Caritas Fernald 27-Jun-24 09:58 a.m.		Caritas - Dolan Hall																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Dolan Hall, Waltham - Veterans Affordable Housing						
SOURCES		25-Jan	26-Apr	27-May		
	PRE-DEVELOPMENT	CONSTRUCTION	STABILIZATION	TOTAL	COST / DU	
Waltham CPC		\$ 1,000,000	\$ -	\$ 1,000,000	\$	\$ 35,714
4% LIHTC - Supportive Housing		\$ 1,966,836	\$ 1,966,836	\$ 3,933,672	\$	\$ 140,488
Caritas	\$ 50,000	\$ (50,000)	\$ -	\$ -	\$	\$ -
Pre-Development Loan	\$ 900,000	\$ (900,000)	\$ -	\$ -	\$	\$ -
Construction to Perm		\$ 6,100,000	\$ (2,800,000)	\$ 3,300,000	\$	\$ 117,857
State Soft Loans		\$ 2,532,482	\$ 1,853,164	\$ 4,385,646	\$	\$ 156,630
<b>TOTAL</b>	<b>\$ 950,000</b>	<b>\$ 10,649,318</b>	<b>\$ 1,020,000</b>	<b>\$ 12,619,318</b>	<b>\$</b>	<b>\$ 450,690</b>
<b>USES</b>						
Soft Costs	\$ 950,000	\$ 200,000	\$ 100,000	\$ 1,250,000	\$	\$ 44,643
Furniture		\$ 140,000		\$ 140,000	\$	\$ 5,000
Rehab Hard Costs		\$ 9,184,318		\$ 9,184,318	\$	\$ 328,011
Developer Fee		\$ 500,000	\$ 675,000	\$ 1,175,000	\$	\$ 41,964
Interest		\$ 625,000	\$ 145,000	\$ 770,000	\$	\$ 27,500
<b>TOTAL</b>	<b>\$ 950,000</b>	<b>\$ 10,649,318</b>	<b>\$ 920,000</b>	<b>\$ 12,519,318</b>	<b>\$</b>	<b>\$ 447,119</b>

## *Caritas Recent Project Experience*

### Midwinter Apartments, Quincy

New construction development combining the lots at 46 and 50 Winter Street to build 34 new studio units for extremely low-income individuals. The property will include offices for case management and property management as well as a community room for educational purposes. Caritas received its award from the EOHLC for 4% LIHTC credits and is currently waiting to receive tax-exempt bonds and soft sources to demolish the two existing buildings at the site and break ground.

### O'Connor Way, Boston

This new construction, located on the grounds of the Mary Ellen McCormack Public Housing campus, provides 47 units designed for seniors ages 62 or older with income at 30%, 50% and 60% of the HUD AMI. Units are fully accessible, and residents receive supportive services from the South Boston Neighborhood House. The building has a community room, a laundry room, a management office, and a patio. The project was funded with 4% LIHTC, tax-exempt bonds and EOHLC/City of Boston soft sources.

### 206 West Broadway, Boston

Caritas developed an empty lot into 16 units of housing and a commercial storefront. Housing units serve low-income individuals earning 70%, 60%, and 30% of AMI. The project was funded with hard debt

### One East Lenox, Boston

This new construction in the South End provides 26 ADA-accessible studio units serving 7 individuals at 30% AMI and 18 individuals at 60% AMI, with one onsite manager's unit. The project was funded with 9% LIHTC, a construction to perm loan, and EOHLC/City of Boston soft sources.

## **Commodore Builders – Who We Are**

Commodore Builders is a veteran-owned, Boston-based construction management firm on a mission to make the construction process easy and enjoyable for our clients and partners. Our work is about more than excellent results; our team builds trusting relationships that last beyond project turnover. We foster a diverse culture that is driven by learning and continuous improvement. Our expertise spans residential, life sciences, corporate interior, commercial, institutional, and public markets. Project by project, we've earned our reputation for delivering excellence.

## **Housing**

1,567 – that's the number of units Commodore has built or renovated in the last ten years. With experience ranging from multi-family residences and hotels to dormitories on private school and college campuses, our team is deeply conscious of the personal importance of building places in which people live. We approach our housing projects the same way we would if we were building for our own families. We plan for every detail, drive aggressive budgets and schedules, and engage the community every step of the way. Our team will deliver a successful, collaborative, and enjoyable project for all parties involved.

We are proud to be building the new Veterans' Home in Holyoke, which will be a 350,000 SF long-term care facility for veterans. The new eight-story facility will be comprised of 234 long-term care/VA small house beds, an adaptable common/community space, improved support and administrative spaces, and enhanced infection control measures.

Commodore is also currently working with the Montachusett Veterans Outreach Center (MVOC) to redevelop the former Streeter and Poland Elementary Schools into 44 units of low-income apartments for homeless and high-risk veterans. This adaptive reuse and new construction project will combine the two vacant schools into one combined affordable housing complex for veterans, featuring clinical spaces, a courtyard, and recreational spaces.

## **Historic Preservation**

There's an art, attention to detail, and a sense of deep passion that people have when working on projects with historic preservation, renovation, and restoration. We are those people. We know how to disassemble and restore old buildings while preserving their historic fabric. Several of Commodore's award-winning projects are also listed on the National Registry of Historical Places, including the Massachusetts State House, Long Wharf Custom House, and Fanueil Hall.

Preserving the integrity of the building is a top priority, and requires careful attention to detail, patience, and precision. Our team members understand the importance of delicately working around historic areas and are adept at creative solutions to achieve project goals without impacting these important characteristics. We will provide you with a facility that serves the community's needs, while ensuring the building's character and historical importance are not lost.

## **Adaptive Reuse**

We understand that many buildings in the Commonwealth have profound histories but no longer fit the community's future, vision, or needs. It is our responsibility to transform these facilities into new spaces that will last for generations to come. Our approach to adaptive reuse projects is



rooted in collaboration. We want to understand what your goals and needs are, as well as what aspects of the current facility are important to you.

This collaborative approach is how we executed a recent project at 69A Street in South Boston for the adaptive reuse of a turn of the century Rivet Factory. New masonry openings, corrective rehabilitation of existing exterior brick walls, and temporary support of the existing structure during the retrofit and addition were necessary to achieve the project goals. Evaluation of brick re-use for new façade areas, such as thin brick veneers and full width infills along with structural skin options that made practical sense for the project. The team removed the roof and rebuilt / reinforced the lower levels to create a building diaphragm before adding more structure to the top of the existing.

### **900 Morrissey Case Study**

*Our team is currently converting the vacant Comfort Inn Hotel at 900 Morrissey Boulevard in Dorchester into 99 units of permanent supportive housing for people exiting homelessness. 100% of the units will be affordable to individuals earning less than 30% of the Area Median Income. This joint-venture project with Maven Construction has required close coordination with the community and local offices.*

### **Waltham-Based Firm with Strong Ties**

Commodore is headquartered just minutes away from the Fernald School site and has extensive experience working in the City of Waltham. To date we have completed more than 80 projects within the City and have built more than 5M SF of space. Due to our close proximity to the project we will be able to mobilize our team in a moments notice. Our deep ties to the Waltham community has also allowed us to develop excellent relationships with the City of Waltham, the Inspection Services Department, the City of Waltham's Fire Department/Fire Prevention, and with key people in the Waltham Building Department. Leveraging this background, our team will help realize savings in time and cost and to ensure the highest quality of design, engineering and construction for this new building.



Preventing homelessness. Improving lives. One room at a time.

### List of Personal Property to be on the Premises at Dolan Hall

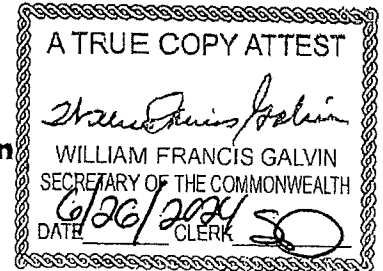
- Units (28)
  - Bed x 28
  - Dresser x 28
  - Bedside table x 28
  - Refrigerator x 28
  - Range x 28
  - Microwave x 28
  - Bathroom light fixtures x 28
- Property Management Office
  - Desk(s) and Chair(s)
  - Computer(s)
  - Filing Cabinet(s)
  - Printer
  - Key box
- Case Management Office
  - Desk(s) and Chair(s)
  - Computer(s)
  - Filing Cabinet(s)
  - Printer
- Common Areas/Mechanicals
  - Security cameras/equipment
  - Boiler(s)
  - Water heaters(s)

**The Commonwealth of Massachusetts, William Francis Galvin**  
**Corporations Division**

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

**Annual Report**

(General Laws, Chapter 180)



Filing Fee: \$15.00

Identification Number: 042875899

Filing for November 1, 2023

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. Exact name of the corporation:

CARITAS COMMUNITIES INC.

2. Location of its principal office:

Number and street: 25 BRAINTREE HILL OFFICE PARK, STE 206

Address 2:

City or town: BRAINTREE State: MA Zip code: 02184

3. Date of the last annual meeting:

4. State the names and street addresses of all officers, including all the directors of the corporation,

Title	Individual Name	Address	Term expires
PRESIDENT	FRANCIS BARTHOLOMEW CONNELL	25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA	12-31-2023
TREASURER	ROBERT MAULDEN	197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA 197 CLARENDON STREET, C-02 BOSTON, MA 02116 USA	12-31-2024
CLERK	KEVIN O'FLAHERTY	400 ATLANTIC AVENUE BOSTON, MA 02110-3333 USA 400 ATLANTIC AVENUE BOSTON,	12-31-2025

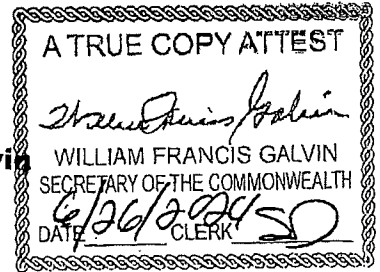
MA 02110-3333 USA			
CHAIR	ROBERLYNE CHERFILS	1110 WINDSOR WOODS LANE CANTON, MA 02021 USA 1110 WINDSOR WOODS LANE CANTON, MA 02021 USA	12-31-2024
VICE CHAIR	MAURA E. MURPHY	160 FEDERAL STREET BOSTON, MA 02110 USA 160 FEDERAL STREET BOSTON, MA 02110 USA	12-31-2023
DIRECTOR	DHARSHI DUPREE	PO BOX 284 STRAFFORD, NH 03884 USA PO BOX 284 STRAFFORD, NH 03884 USA	12-31-2025
DIRECTOR	KEITA BROWNE	450 WATER STREET CAMBRIDGE, MA 02141 USA 450 WATER STREET CAMBRIDGE, MA 02141 USA	12-31-2025
DIRECTOR	KATIE CATLENDER	81 WYMAN STREET WALTHAM, MA 02451 USA 81 WYMAN STREET WALTHAM, MA 02451 USA	12-31-2024
DIRECTOR	TOM PALMER	48 TEMPLE ST NATICK, MA 01760- 4424 USA 48 TEMPLE ST NATICK, MA 01760- 4424 USA	12-31-2024
DIRECTOR	OLIVIA GOUGH	1265 BELMONT STREET, BCK202 BROCKTON, MA 02301 USA	12-31-2023
DIRECTOR	R. DUANE CLARK II	38 CHESTERTON RD WELLESLEY, MA 02481-1106 USA 38 CHESTERTON RD WELLESLEY, MA 02481-1106 USA	12-31-2025
DIRECTOR	DAVID GREENBLATT	TWO CENTER PLAZA,SUITE 700 BOSTON, MA 02108 USA TWO CENTER PLAZA,SUITE 700 BOSTON, MA 02108 USA	12-31-2025
DIRECTOR	TIM CORCORAN	100 GRANDVIEW ROAD, SUITE 203 BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	YASMINE BOUCHARA	63 MELCHER STREET, APT 206 BOSTON, MA 02210 USA 63 MELCHER STREET, APT 206 BOSTON, MA 02210 USA	12-31-2024
DIRECTOR	WILLIAM CHURCHILL	6 HORSES CORSSING LINCOLN, MA 01773 USA 6 HORSES CORSSING LINCOLN, MA 01773 USA	12-31-2023
DIRECTOR	WILLIAM MCLAUGHLIN	117 HAMMOND STREET NEWTON, MA 02467 USA	12-31-2023

5. Check if the corporation is a cemetery corporation that does NOT hold perpetual care funds in trust. If the corporation is a cemetery corporation that holds perpetual care funds in trust, a copy of the written instrument establishing the trust and any amendments thereto must be attached, and the annual report must be filed by facsimile, mail or in person.



Signed by FRANCIS BARTHOLOMEW CONNELL , its PRESIDENT

on this 14 Day of July, 2023



# The Commonwealth of Massachusetts, William Francis Galvin Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

## Certificate of Change of Directors or Officers

(General Laws, Chapter 180, Section 6D)

No Fee

Identification Number: 042875899

I,  
 KEVIN O'FLAHERTY, Clerk

of CARITAS COMMUNITIES INC.

certify that pursuant to General Laws, Chapter 180, Section 6D, a change in the directors and/or the president, treasurer and/or clerk of said corporation has been made and that the name, residential street address, and expiration of term of the president, treasurer, clerk and each director are as follows:

Title	Individual Name	Address	Term expires
PRESIDENT	FRANCIS BARTHOLOMEW CONNELL	25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK, SUITE 206 BRAINTREE, MA 02184 USA	12-31-2023
TREASURER	GREG RITTCHEN	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
CLERK	KEVIN O'FLAHERTY	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
CHAIR	ROBERLYNE CHERFILS	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024
VICE CHAIR	MAURA E. MURPHY	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	DHARSHI DUPREE	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	WILLIAM MCLAUGHLIN	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	MARIE MORREALE	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK	12-31-2025

DIRECTOR	JAMES J. SYZMANSKI	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	KEITA BROWNE	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	KATIE CATLENDER	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024
DIRECTOR	TOM PALMER	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024
DIRECTOR	OLIVIA GOUGH	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	R. DUANE CLARK II	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	DAVID GREENBLATT	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2025
DIRECTOR	TIM CORCORAN	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2023
DIRECTOR	YASMINE BOUHRARA	25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA 25 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184 USA	12-31-2024

SIGNED UNDER THE PENALTIES OF PERJURY, this 20 Day of May, 2024,

KEVIN O'FLAHERTY

, Signature of Clerk/Assistant Clerk



Preventing homelessness. Improving lives. One room at a time.

Crystal Philpott  
Purchasing Agent  
City of Waltham  
610 Main Street, Waltham, MA  
(781) 314-3244

To Ms. Philpott:

Regarding the lease of Dolan Hall, the Lessee (an affiliate of Caritas Communities, Inc.) shall be responsible for maintaining its own insurance covering any personal property located on or in the rental property during the Lease term and the Lessee shall indemnify and hold the City harmless from any claims for damages or loss relating to any such personal property.

Sincerely,

Frank Connell  
Executive Director





CARIT-1

OP ID: WAI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
InterContinental  
Insurance Brokers, LLC  
70 Federal Street, Suite 300A  
Boston, MA 02110-2202  
Thomas E. Sleeper

617-648-5103

CONTACT NAME: Nancy O'Connor

PHONE (A/C, No, Ext): 617-648-5103

FAX (A/C, No):

E-MAIL ADDRESS: noconnor@intercobrokers.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Admiral Insurance Company

24856

INSURER B: Safety Indemnity

33618

INSURER C: Service American Indemnity Co

INSURER D: Stratford Insurance Company

INSURER E:

INSURER F:

INSURED  
Caritas Communities, Inc.  
25 Braintree Hill Office Park  
Braintree, MA 02184

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CA00005111701	12/01/2023	12/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP157971205	12/01/2023	12/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0	X		GX00000711201	12/01/2023	12/01/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SATIS0367201	12/18/2023	12/18/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Fidelity			FNP9000908	12/01/2023	12/01/2024	Limit \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Waltham is an additional insured as required by contract.

## CERTIFICATE HOLDER

## CANCELLATION

City of Waltham

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# NOTEPAD

INSURED'S NAME Caritas Communities, Inc.

CARIT-1  
OP ID: WAL

PAGE 2  
Date 06/26/2024

## **MAINTAINING SAFETY**

Through all phases and during all operations, safety is the number one priority. Commodore has earned a reputation as one of the safety leaders in our industry. As one of our core beliefs, all workers deserve to return home safely at the end of every day. Our approach to safety is one that holds everyone on our team accountable. All members of the project team are responsible for safety on this project. Each member, including all management and executive staff, are required to fill out safety inspections each week and/or each month. Safety is a team effort from the top down.

Key elements of the Project Specific Safety Plan will include:

- Establish logistical controls to mitigate impact of our project
- Establish pedestrian and traffic controls
- Contractually bind all Trade Contractors and subcontractors to the project specific safety plan
- Safety Manager to attend weekly site visits and perform safety inspections that enforce compliance by all parties
- Ensure the site, and all access points, are secure and muster points are defined should an event occur
- Review safety-related issues and construction activities at each subcontractor weekly project meeting

## **SAFETY HEALTH & MANAGEMENT PROGRAM**

The purpose of Commodore's Safety and Health Management Program (SHMP) is to assist project management, supervision, subcontractors and workers in understanding Commodore's Injury Free Environment philosophy and the health and safety expectations and requirements for their project. The Commodore Project Team is responsible for the implementation and execution of this Safety and Health Management Program.

## **INJURY FREE ENVIRONMENT**

Commodore is committed to an Injury Free Environment. IFE is the shared corporate and individual belief that safety is a value, not compromised by cost or schedule. Everyone has the right to go home safely at the end of the day.

Injury Free Environment holds three basic premises:

1. All incidents and injuries are preventable; no level of incident or injury is acceptable or tolerated.
2. Injury Free operations are possible in construction; a prevailing mind-set and conviction exists to do the right thing and what is necessary to achieve that state.
3. Elevate safety awareness daily; a journey of continuous improvement to advance safety and achieve a heightened state of awareness where workers choose to be responsible and accountable for their own safety and the safety of their coworkers.

## **RESPONSIBILITY AND ACCOUNTABILITY**

Everyone associated with a project must understand their responsibilities with regards to health and safety on a project. With the responsibilities defined, project management, supervision, subcontractors and workers will be held accountable for their health and safety performance.

## **SAFETY AND HEALTH POLICY**

The safety and well-being of all persons associated with Commodore projects are paramount. Commodore is committed to implementing and fostering an Injury Free Environment (IFE) throughout our entire organization. IFE is a mindset where no injury is acceptable and working safely is not optional. At Commodore, safety is personal to each of us and is a way of life and we value and respect every worker. We maintain organizational structures, safety and health management systems, procedures, and training plans that support an injury free environment and ensure compliance with all relevant laws, regulations and standards.

All injuries are preventable when safety becomes an everyday personal value. Committing to an Injury Free Environment is not just the right choice; it's the only choice. We believe that with this approach we can positively influence everyone associated with Commodore projects.

## **SITE SPECIFIC SAFETY**

Safety is always our number one priority. We plan carefully. It is through the enforcement of strict safety protocols that we maintain our impressive safety record. We conduct inspections and identify hazards before work begins. Every Project Manager and Superintendent is required to maintain the 30-hour OSHA certificate and complete our comprehensive training program. The responsibility for safety is shared by everyone involved including our project executives and project management staff.

Our safety training stretches beyond the required OSHA standards and enforces employees to participate in internal safety training. Before Commodore begins work on any site, the project team goes through an intense planning process. During this critical phase, the team develops a Site and Safety Orientation program for the project.

**PROVIDE THREE (3) SERVICE APPROPRIATE REFERENCES**

- City of
1. Company Name: Chelsea - Housing & Community Development Dept.  
Address: 500 Broadway, Room 101, Chelsea, MA 02150  
Contact Name: Ben Cares  
Phone # (857) 206-5549  
Type of service/product provided to this Company: Project-Based Voucher administration  
Dollar value of service provided to this Company: \$230,000 estimated annually
  2. Company Name: Town of Norwood - Planning and Community Development  
Address: 566 Washington Street, Ground Floor, Norwood, MA 02062  
Contact Name: Sarah Dixon  
Phone # (781) 384-9284  
Type of service/product provided to this Company: N/A (Municipal Partnership)  
Dollar value of service provided to this Company:
  3. Company Name: VA Boston Healthcare System / Dept. of Veterans Affairs  
Address: 150 S. Huntington Ave, Jamaica Plain, MA 02130  
Contact Name: Rebecca Faherty  
Phone # (617) 839-5307  
Type of service/product provided to this Company: Veterans healthcare and social services  
Dollar value of service provided to this Company:

**NOTE**

Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.

### CORPORATION IDENTIFICATION

The bidder for the information of the Awarding Authority furnishes the following information.

If a Corporation:

Incorporated in what state Massachusetts

President Frank Connell

Treasurer Greg Rittchen

Secretary Kevin O'Flaherty, Esq.

Federal ID Number 04-2875899 (Required)

If a foreign (out of State) Corporation – Are you registered to do business in Massachusetts? Yes

No

If you are selected for this work you are required under M.G.L.ch. 305, 39L to obtain from the Secretary of State, Foreign Corp. Section, State House, Boston, a certificate stating that you Corporation is registered, and furnish said certificate to the Awarding Authority prior to the award.

If a Partnership: (Name all partners)

Name of partner \_\_\_\_\_

Residence \_\_\_\_\_

Name of partner \_\_\_\_\_

Residence \_\_\_\_\_

If an Individual:

Name \_\_\_\_\_

Residence \_\_\_\_\_

If an Individual doing business under a firm name:

Name of Firm Caritas Communities, Inc.

Name of Individual Frank Connell

Business Address 25 Bramble Hill Office Park, Braintree, MA 02184

Residence 501(c)3 NPO providing affordable housing in Massachusetts

Date 7/1/2024

Frank Connell on behalf of Caritas Communities, Inc.

Name of Bidder

By

Signature

Executive Director

Title

25 Bramble Hill Office Park, Ste: 206

Business Address (POST OFFICE BOX NUMBER NOT ACCEPTABLE)

Braintree, MA 02184

(781) 843-1242

7/1/2024

City State

Telephone Number,

Date

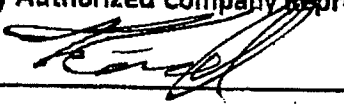
NOTE (1): This proposal must bear the written signature of the bidder. If the bidder is a partnership, a partner must sign the proposal. If the bidder is a corporation, a duly authorized officer or agent of such corporation must sign the proposal.  
NOTE (2): Failure to submit any of the required documents, forms or other sections, with your bid response, shall be cause for the disqualification of your company.

## DEBARMENT CERTIFICATION

In connection with this bid and all procurement transactions, by signature thereon, the respondent certifies that neither the company nor its principals are suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts, procurement or non procurement programs from the Commonwealth of Massachusetts, the US Federal Government and/or the City of Waltham. "Principals" means officers, directors, owners, partners and persons having primary interest, management or supervisory responsibilities with the business entity. Vendors shall provide immediate written notification to the Purchasing Agent of the City of Waltham at any time during the period of the contract of prior to the contract award if the vendor learns of any changed condition with regards to the debarment of the company or its officers. This certification is a material representation of fact upon which reliance will be placed when making the business award. If at any time it is determined that the vendor knowingly misrepresented this certification, in addition to other legal remedies available to the City of Waltham, the contract will be cancelled and the award revoked.

Company Name Caritas Communities, Inc.  
Address 25 Bramble Hill Office Park, Ste. 206  
City Bramble, State MA, Zip Code 02184  
Phone Number (781) 843-1242  
E-Mail Address info@caritascommunities.org

Signed by Authorized Company Representative:

  
Print name Frank Connell, Executive Director  
Date 7/1/2024

THE CITY OF WALTHAM  
MASSACHUSETTS

PURCHASING DEPARTMENT

**Lease of Various Buildings at 190 Trapelo Rd:  
North Building, North Nurses Building, Dolan Hall  
Tarbell Hall, MacDougall Hall, Seguin Hall**

**ADDENDUM NO. 1**

March 28, 2024

**CHANGES, CORRECTIONS AND CLARIFICATIONS**

The attention of bidders submitting proposals for the above subject project is called to the following addendum to the specifications. The items set forth herein, whether of omission, addition, substitution or clarification are all to be included in and form a part of the proposal submitted.

THE NUMBER OF THIS ADDENDUM (NO. 1) MUST BE ACKNOWLEDGED IN YOUR COVER LETTER.

**ITEM 1: ANSWERS TO POSED QUESTIONS**

**Q1.** What kind of leasee is expected to apply for the posted RFPs? Community Development Non-Profits? Government agencies?

**A1.** Any Person or Entity can submit a Proposal to an RFP.

**Q2.** Is there precedent for housing development on city-leased properties?

**A2.** Yes.

**Q3.** what is the city's expectation for who would be able to build affordable housing under the conditions given in the RFPs for a long-term lease? And is there precedent for it?

**A3.** The RFP provides incentives for the potential Bidder/Lessee. Yes.

**Q4.** According to the RFPs, the site tours are scheduled as follows:

- 4/10/24 10:00 am – Dolan Hall, North Building, North Nurses Building
- 4/17/24 10:00 am – Seguin Hall, MacDougall Hall, Tarbell Hall

Are the tours happening at the same time or will there be an opportunity to see all 3 buildings on each of those dates?

**A4.** The Scheduled tours are only to view the buildings from the exterior roadway. We will not be entering the buildings during each site tour. On 4/10/24 we will look at Dolan, North and North Nurses. On 04/17/24 we will look at Seguin Hall, MacDougall Hall and Tarbell Hall.

**ITEM 2: ADD**

**Photos of Buildings and Drawings available through the Google Drive Link :**

- <https://drive.google.com/drive/folders/1JWdS-AjXAvtSlvy0XZA9wYxk6lfwqUHF?usp=sharing>

**End of Addendum 1**



THE CITY OF WALTHAM  
MASSACHUSETTS

PURCHASING DEPARTMENT

**Lease of Various Buildings at 190 Trapelo Rd:  
North Building, North Nurses Building, Dolan Hall  
Tarbell Hall, MacDougall Hall, Seguin Hall**

**ADDENDUM NO. 2**

April 2, 2024

**CHANGES, CORRECTIONS AND CLARIFICATIONS**

The attention of bidders submitting proposals for the above subject project is called to the following addendum to the specifications. The items set forth herein, whether of omission, addition, substitution, or clarification are all to be included in and form a part of the proposal submitted.

THE NUMBER OF THIS ADDENDUM (NO. 2) MUST BE ACKNOWLEDGED IN YOUR COVER LETTER.

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**ITEM 1: DATE CHANGE – SITE VISITS**

Site Visits will be CANCELLED on April 10<sup>th</sup>, 2024 and will be COMBINED to one date on April 17<sup>th</sup>, 2024 at 10:00AM.

At 190 Trapelo Road on April 17<sup>th</sup>, 2024 at 10:00AM, a non-mandatory site visit will be held to identify all 6 buildings (North Building, North Nurses Building, Dolan Hall, Tarbell Hall, MacDougall Hall, and Seguin Hall) to view from the outside. No one will be allowed inside the buildings during this visit.

**\*Please meet at the Waverly Oaks Rd. entrance on the above date and time\***

**End of Addendum 2**

THE CITY OF WALTHAM  
MASSACHUSETTS

PURCHASING DEPARTMENT

**Lease of Various Buildings at 190 Trapelo Rd:  
North Building, North Nurses Building, Dolan Hall  
Tarbell Hall, MacDougall Hall, Seguin Hall**

**ADDENDUM NO. 3**

April 11, 2024

**CHANGES, CORRECTIONS AND CLARIFICATIONS**

The attention of bidders submitting proposals for the above subject project is called to the following addendum to the specifications. The items set forth herein, whether of omission, addition, substitution, or clarification are all to be included in and form a part of the proposal submitted.

THE NUMBER OF THIS ADDENDUM (NO. 3) MUST BE ACKNOWLEDGED IN YOUR COVER LETTER.

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**ITEM 1: SITE VISIT CANCELLED**

Site Visit on April 17<sup>th</sup>, 2024 at 10:00AM has been CANCELLED.

Below is a link (provided in Addendum 1) to photos of the interior and exterior of each building as well as floor plans.

<https://drive.google.com/drive/folders/1JWdS-AjXAvtSIyy0XZA9wYxk6IfwqUHF>

**End of Addendum 3**

THE CITY OF WALTHAM  
MASSACHUSETTS

PURCHASING DEPARTMENT

**Lease of Various Buildings at 190 Trapelo Rd:  
North Building, North Nurses Building, Dolan Hall**

**ADDENDUM NO. 4**

May 28th, 2024

**CHANGES, CORRECTIONS AND CLARIFICATIONS**

The attention of bidders submitting proposals for the above subject project is called to the following addendum to the specifications. The items set forth herein, whether of omission, addition, substitution, or clarification are all to be included in and form a part of the proposal submitted.

THE NUMBER OF THIS ADDENDUM (NO. 4) MUST BE ACKNOWLEDGED IN YOUR COVER LETTER.

**ITEM 1: PROPOSAL DUE DATE EXTENDED**

- The **Proposal DUE DATE** has been extended to **July 2<sup>nd</sup>, 2024** for:
  - **Lease of North Building RFP**
  - **Lease of North Nurses Building RFP**
  - **Lease of Dolan Hall RFP**

**End of Addendum 4**